I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTHA A. MIDDLETON

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Officer/Dire	ctor Detail :		
Title	SECRETARY	Title	DIRECTOR
Name	SHAW, MEREDITH	Name	BRADFORD, BILL
Address	P. O. BOX 27793	Address	P. O. BOX 27369
City-State-Zip:	PANAMA CITY FL 32411	City-State-Zip:	PANAMA CITY FL 32411
Title	DIRECTOR	Title	CORRESPONDING SECRETARY
Name	GRIFFIN, TRISH	Name	MIDDLETON, MARTHA A.
Address	RR6 8726 COUNTY ROAD 2	Address	2702 WOODMERE DRIVE
City-State-Zip:	NAPANEE, ONTARIO CANADA K7R- 3L1	City-State-Zip:	PANAMA CITY FL 32405
Title	PRESIDENT, DIRECTOR		
Name	GORMAN, JUSTIN		
Address	1944 FRANKFORD AVENUE		
City-State-Zip:	PANAMA CITY FL 32405		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flori		
SIGNATURE: MARTHA A. MIDDLETON	02/	

Electronic Signature of Registered Agent

Entity Name: BAY POINT GOLF VILLAS II ASSOCIATION INC

Name and Address of Current Registered Agent:

4305 BAY POINT ROAD PANAMA CITY, FL 32408 **Current Mailing Address:**

BAY POINT GOLF VILLAS II

DOCUMENT# 725862

BAY POINT GOLF VILLAS II P. O. BOX 28025 PANA

Current Principal Place of Business:

FEI N

MIDDLETON, MARTHA A. 2702 WOODMERE DRIVE PANAMA CITY, FL 32405 US

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2022 Secretary of State 2022482584CC

02/04/2022 Date

Certificate of Status Desired: No

02/04/2022

REGISTERED AGENT

Date