### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 731837** 

Entity Name: BAY POINT STUDIO VILLAS III ASSOCIATION, INC.

**FILED** Mar 20, 2015 **Secretary of State** CC8118709401

## **Current Principal Place of Business:**

BAY POINT STUDIO VILLAS III 4500 KINGFISH ROAD PANAMA CITY, FL 32408

# **Current Mailing Address:**

BAY POINT STUDIO VILLAS III **BOX 9368** PANAMA CITY, FL 32417-9368

FEI Number: 59-1799289 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

HODGES, WALT 4500 KINGFISH RD.

4274

PANAMA CITY, FL 32408 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WALT HODGES 03/20/2015

> Date Electronic Signature of Registered Agent

### Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR

Name BARFIELD, JUSTIN Name WINDHAM, JOHNNY

4500 KINGFISH ROAD #4283 113 NORTH BAY STREET Address Address

City-State-Zip: PANAMA CITY FL 32408 City-State-Zip: SAMSON AL 36477

Title Title DIRECTOR

Name ETHEREDGE, JAMES Name HODGES, WALT

Address 2211 SOUTH COUNTY ROAD 55 Address 4500 KINGFISH ROAD #4177

City-State-Zip: ASHFORD AL 36312 City-State-Zip: PANAMA CITY FL 32408

Title **DIRECTOR** DIRECTOR Title WALLS, TERRY Name Name LOYED, ALLAN

Address 12590 FRANK LARY ROAD Address 205 KELSO LANE City-State-Zip: NORTHPORT AL 35475 City-State-Zip: DOTHAN AL 36305

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: WALT HODGES **PRESIDENT**