FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:31

DOCUMENT # 723782 (9)

1. Corporation Name

BAY POINT HARBOUR VILLAS, INC.

Principal Place of Business	Mailing Address
BAY POINT ROAD BAY POINT, POB 27065 PANAMA CITY FL 32411-4065	BAY POINT ROAD BAY POINT, POB 27065 PANAMA CITY FL 32411-4065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1972
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1445246 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DRAKE JON D. 614 AMBERJACK DR. BAY POINT PANAMA CITY FL 32411	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: J. D. Drake — 4/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LEE, ANNE H.	12 NAME	
STREET ADDRESS	PO BOX 27094 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, EDMUND J	22 NAME	
STREET ADDRESS	4925 SHARON DR	23 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BOUCHER, RUTH	32 NAME	
STREET ADDRESS	PO BOX 28258 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	MCMACKIN, JOYCE	42 NAME	
STREET ADDRESS	5865 HAYMARKET	43 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COWART, L D	52 NAME	
STREET ADDRESS	PO BOX 27146 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Edmund J. Armstrong-President — 4-8-95 — (904) 235-0857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028667