2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 723782



FILED

Jan 29, 2003 8:00 am

Secretary of State 01-29-2003 90308 021 ****61.25 BAY POINT HARBOUR VILLAS, INC. Principal Place of Business Mailing Address **BAY POINT ROAD JUU1203U** BAY POINT ROAD BAY POINT. POB 27065 BAY POINT. POB 27065 PANAMA CITY FL 32411-4065 PANAMA CITY FL 32411-4065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-1445246 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRAKE JON D. Street Address (P.O. Box Number is Not Acceptable) 4162 BAY POINT RD PANAMA CITY FL 32411 City Zip Code 8. 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. I am familiar with, and accept the obligation registers 1/27/03 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **VP** TITLE ☐ Delete TITLE ☐ Addition NAME HARRIS, THEONNE NAME STREET ADDRESS P.O. BOX 27477 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32411 ☐ Delete ☐ Addition Change TITLE TITLE CORCORAN, LINDA NAME NAME STREET ADDRESS P.O. BOX 28076 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32411 TITLE _TITLE ☐ Addition 🔲 Delete 🗕 Change MCMACKIN, JÓYCE NAME NAME STREET ADDRESS STREET ADDRESS 4151 BAY POINT ROAD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32411 TITLE TD ☐ Delete TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

Martin, Marti

HOYT, STEVE

P.O. BOX 27842N/A

P.O. BOX 28452 N/A

PANAMA CITY FL 32411

PANAMA CITY FL 32411

Joyce McMackin

1/27/03

(850) 230-8617

☐ Change

☐ Addition

☐ Addition