

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725861

FILED  
Jan 24, 2006  
Secretary of State

**Entity Name:** BAY POINT GOLF VILLAS I ASSOCIATION INC

**Current Principal Place of Business:**

4300 BAY POINT ROAD  
BAY POINT, BOX 27075  
PANAMA CITY, FL 32411 US

**New Principal Place of Business:**

**Current Mailing Address:**

BAY POINT  
P. O. BOX 27075  
PANAMA CITY, FL 324114075

**New Mailing Address:**

**FEI Number:** 23-7354698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIDDLETON, MARTHA A  
2702 WOODMERE DR  
PANAMA CITY, FL 32405 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: MIDDLETON, MARTHA A  
Address: 2702 WOODMERE DR  
City-St-Zip: PANAMA CITY, FL 32405

Title: VD ( ) Delete  
Name: GOULD, GERALD  
Address: 2329 MAGNOLIA DR  
City-St-Zip: PANAMA CITY, FL 32408

Title: PD ( ) Delete  
Name: HEWETT, JOHN  
Address: 4300 BAY POINT RD UNIT 408, BOX 27903  
City-St-Zip: PANAMA CITY, FL 32411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARTHA A. MIDDLETON

S

01/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date