2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725861

FILED May 03, 2007 Secretary of State

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Entity Na	me: BAY POINT GOLF VILLAS I ASSOCIATION	ON INC		
Current P	Principal Place of Business:	New Principal Place of Business:		
BAY POIN	POINT ROAD IT, BOX 27075 CITY, FL 32411 US	P. O. BOX 27075 PANAMA CITY, FL 32411 US		
Current N	lailing Address:	New Mailing Address:		
BAY POIN P. O. BOX PANAMA		P. O. BOX 27075 PANAMA CITY, FL 324114075		
	:: 23-7354698 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable () Certificate of Status Desi	red()	
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent		
2702 WOO PANAMA The above	ON, MARTHA A DDMERE DR CITY, FL 32405 US e named entity submits this statement for the pile of Florida.	urpose of changing its registered office or registered agen	t, or both,	
SIGNATU				
	Electronic Signature of Registered Age	nt Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND D	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	S () Delete MIDDLETON, MARTHA A 2702 WOODMERE DR PANAMA CITY, FL 32405	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VD () Delete GOULD, GERALD 2329 MAGNOLIA DR PANAMA CITY, FL 32408	Title: VD (X) Change () Addition Name: HORN, JOSHUA Address: 555 SUN VALLEY DR., SUITE N3 City-St-Zip: ROSWELL, GA 30076		
Title: Name: Address: City-St-Zip:	PD () Delete HEWETT, JOHN 4300 BAY POINT RD UNIT 408, BOX 27903 PANAMA CITY, FL 32411	Title: () Change () Addition Name: Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 05/03/2007