2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725863

FILED Mar 22, 2005 Secretary of State

Entity Name: BAY POINT TURTLEGRASS VILLAS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: BAY POINT RD 4400 KINGFISH LANE P O BOX 27075 P O BOX 27075 PANAMA CITY, FL 32411 US PANAMA CITY, FL 32411 US **Current Mailing Address: New Mailing Address: BAY POINT RD** P O BOX 27075 PANAMA CITY, FL 32411 US FEI Number: 23-7354697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIDDLETON, MARTHA A. 2702 MOODMERE DR PANAMA CITY, FL 32405 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition BYRD, WILLARD C., Name: Name: 1005 CANTER ROAD, N.E. Address: Address: City-St-Zip: ATLANTA, GA City-St-Zip: Title: () Delete Title: (X) Change () Addition EVERETT, HELEN, Name: EVERETT, HELEN, Name: Address: 108 PLANTATION DR. Address: 217 FAIRWAYS DRIVE City-St-Zip: THOMASVILLE, GA City-St-Zip: THOMASVILLE, GA 31792 Title: () Delete Title: () Change () Addition MIDDLETON, MARTHA A., Name: Name: 2702 WOODMERE DR Address: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: () Delete Title: PD Title: PD (X) Change () Addition FORRESTER, PHIL Name: Name: FORRESTER, PHIL 111 BLUMBERG DDR 109 MUIRFIELD LANE Address: Address: City-St-Zip: DOTHAN, AL 36303 City-St-Zip: DOTHAN, AL 36305 Title: VD () Delete Title: () Change () Addition MALMO, DON Name: Name: 345 S. YATES RD. Address: Address: MEMPHIS, TN 38120 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 03/22/2005