

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90036 032 ****61.25

DOCUMENT # 727014

1. Entity Name

BAY POINT STUDIO VILLAS II ASSOCIATION, INC.



Principal Place of Business

**BAY POINT
P.O. BOX 9368 (PANAMA CTY, FL)
PANAMA CITY FL 32417**

Mailing Address

**BAY POINT
P.O. BOX 9368 (PANAMA CTY, FL)
PANAMA CITY FL 32417**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3225566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARKE, GRAHAM
930 JENKS AVENUE
PANAMA CITY FL 32401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CLARKE, GRAHAM**
STREET ADDRESS **930 JENKS AVENUE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** ☐ Delete
NAME **ALLISON, BILL**
STREET ADDRESS **BAY POINT**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **STD** ☐ Delete
NAME **THOMAS, BRAD**
STREET ADDRESS **BAY POINT**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **VD** ☐ Delete
NAME **PARKER, BARRY**
STREET ADDRESS **BAY POINT ROAD 267**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** ☒ Delete
NAME **GLUTA, ED**
STREET ADDRESS **BAY POINT ROAD 269**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** ☒ Delete
NAME **MULLINS, TOM**
STREET ADDRESS **BAY POINT**
CITY-ST-ZIP **PANAMA CITY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Overton, Martin**
STREET ADDRESS **Bay Point, #4259**
CITY-ST-ZIP **Panama City, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Bollinger, Michael**
STREET ADDRESS **6704 Chipney Hill Road**
CITY-ST-ZIP **Crestwood, KY**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

Graham Clarke, President 2718/06 850-785-3999