

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727014

FILED  
Feb 22, 2009  
Secretary of State

**Entity Name:** BAY POINT STUDIO VILLAS II ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

BAY POINT  
UNIT 165  
PANAMA CITY, FL 32411

**Current Mailing Address:**

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

**New Mailing Address:**

BAY POINT  
UNIT 165  
PANAMA CITY, FL 32411

**FEI Number:** 59-3225566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARKE, GRAHAM  
930 JENKS AVENUE  
PANAMA CITY, FL 32401 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: PD ( ) Delete  
Name: CLARKE, GRAHAM  
Address: 930 JENKS AVENUE  
City-St-Zip: PANAMA CITY, FL

Title: VD ( ) Delete  
Name: ALLISON, BILL  
Address: BAY POINT  
City-St-Zip: PANAMA CITY, FL

Title: D ( ) Delete  
Name: MANN, AMY  
Address: BAY POINT  
City-St-Zip: PANAMA CITY, FL

Title: SD ( ) Delete  
Name: PARKER, BARRY  
Address: BAY POINT ROAD 267  
City-St-Zip: PANAMA CITY, FL

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

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

Title: D (X) Change ( ) Addition  
Name: ALLISON, BILL  
Address: BAY POINT  
City-St-Zip: PANAMA CITY, FL

Title: VD (X) Change ( ) Addition  
Name: MANN, AMY  
Address: BAY POINT  
City-St-Zip: PANAMA CITY, FL

Title: STD (X) Change ( ) Addition  
Name: PARKER, BARRY  
Address: BAY POINT ROAD 267  
City-St-Zip: PANAMA CITY, FL

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: GRAHAM CLARKE

PD

02/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date