

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

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

03-01-2006 90036 031 \*\*\*\*61.25

**DOCUMENT # 727029**

1. Entity Name

**BAY POINT GOLF VILLAS III ASSOCIATION, INC.**



Principal Place of Business

**BOX 9368, BAY POINT  
PANAMA CITY FL 32417-9368**

Mailing Address

**BOX 9368, BAY POINT  
PANAMA CITY FL 32417-9368**

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  
**59-1513552**

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

**DAVISON, DALE  
BAY POINT ROAD, #478  
PANAMA CITY FL 32411**

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 reinstating)

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 DAVISON, DALE  
STREET ADDRESS BAY POINT ROAD, #478  
CITY-ST-ZIP PANAMA CITY FL

TITLE STD ☐ Delete  
NAME WEAVER, TOM  
STREET ADDRESS BAY POINT ROAD, #473  
CITY-ST-ZIP PANAMA CITY FL

TITLE VD ☐ Delete  
NAME PETER, PETE  
STREET ADDRESS BAY POINT #49  
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ Delete  
NAME HENNING, JIM  
STREET ADDRESS BAY POINT #488  
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ Delete  
NAME ROLLINS, GEORGE  
STREET ADDRESS BAY POINT #488  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Bay Point #489  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Bay Point #475  
CITY-ST-ZIP

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

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:

*[Signature]*

1/26/06 850-234-3094