

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727029

FILED
Mar 03, 2009
Secretary of State

Entity Name: BAY POINT GOLF VILLAS III ASSOCIATION, INC.

Current Principal Place of Business:

BOX 9368, BAY POINT
PANAMA CITY, FL 324179368

New Principal Place of Business:

BAY POINT
PANAMA CITY, FL 32411

Current Mailing Address:

BOX 9368, BAY POINT
PANAMA CITY, FL 324179368

New Mailing Address:

BOX 9368,
PANAMA CITY, FL 324179368

FEI Number: 59-1513552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVISON, DALE
BAY POINT ROAD, #478
PANAMA CITY, FL 32411 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: DAVISON, DALE
Address: BAY POINT ROAD, #478
City-St-Zip: PANAMA CITY, FL

Title: TD () Delete
Name: WEAVER, TOM
Address: BAY POINT ROAD, #473
City-St-Zip: PANAMA CITY, FL

Title: VD () Delete
Name: HENNING, JIM
Address: BAY POINT #488
City-St-Zip: PANAMA CITY, FL

Title: SD () Delete
Name: AUSTIN, KATHLEEN
Address: BAY POINT #486
City-St-Zip: PANAMA CITY, FL

Title: D () Delete
Name: LUBIN, BARBARA
Address: BAY POINT #472
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SMOKER, JASON
Address: BAY POINT, #490
City-St-Zip: PANAMA CITY, FL

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

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: DALE DAVISON

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date