


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

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

03-01-2006 90036 033 ****61.25

| | | | | | |
|---|---------------------------------|--|--|--|--|
| DOCUMENT # 731837 1. Entity Name BAY POINT STUDIO VILLAS III ASSOCIATION, INC. | | | |  | |
| Principal Place of Business BAY POINT BOX 9368 PANAMA CITY FL 32417-9368 | | | Mailing Address BAY POINT BOX 9368 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 | 4. FEI Number 59-1799289 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ALLISON, W J 2402 PELICAN BAY COURT PANAMA CITY FL 32408 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | AYCOX, MICHAEL | | NAME | | |
| STREET ADDRESS | 1720 SMOKERISE EAST | | STREET ADDRESS | | |
| CITY-ST-ZIP | CONYERS GA | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ALLISON, BILL | | NAME | | |
| STREET ADDRESS | BAY POINT UNIT 278 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PANAMA CITY FL | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | LOYED, ALLEN | | NAME | SD | |
| STREET ADDRESS | 116 WENTWORTH DRIVE | | STREET ADDRESS | Carroll, Frank | |
| CITY-ST-ZIP | DOTHAN AL | | CITY-ST-ZIP | 385 Squirrel Drive | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HODGES, WALTER | | NAME | TD | |
| STREET ADDRESS | BAY POINT # 177 | | STREET ADDRESS | Ward, Rusty | |
| CITY-ST-ZIP | PANAMA CITY FL | | CITY-ST-ZIP | Bay Point #4274 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: _____

Michael Aycox, President 770-982-9500