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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **737471** **(3)**

1. Corporation Name

BAY CLUB ON ST. ANDREWS BAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
316 CHERRY ST OFFICE PANAMA CITY FL 32401 US	316 CHERRY ST OFFICE PANAMA CITY FL 32401-3286 US

3. Date Incorporated or Qualified: **12/07/1976**
3a. Date of Last Report: **03/25/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1772718** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLMERY, MAXINE
316 CHERRY ST, #36
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SAME

SIGNATURE: Maxine Colmery, Treasurer/agent — 1/13/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KING, PAT		1.2 NAME	
STREET ADDRESS	105 ALLEN AVENUE #57		1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAMOS, PHYLLIS		2.2 NAME	
STREET ADDRESS	316 CHERRY ST #39		2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PATERSON, JULIA		3.2 NAME	
STREET ADDRESS	105 ALLEN AVENUE #51		3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COLMERY, MAXINE		4.2 NAME	
STREET ADDRESS	316 CHERRY ST., SUITE 36		4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KEELER, ROBERT		5.2 NAME	
STREET ADDRESS	316 CHERRY ST #32		5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ALLDREDGE, QUE		6.2 NAME	
STREET ADDRESS	316 CHERRY ST, #38		6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maxine Colmery Maxine Colmery, Treasurer 1/13/97 (904) 785-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0009351