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FILED

May 11 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
US

3. Date Incorporated or Qualified

12/07/1976

4. FEI Number

59-1772718

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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.

SIGNATURE

*Maxine Colmery*

(NOTE: Registered Agent signature required when reinstating)

4/26/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME KING, PAT  
STREET ADDRESS 105 ALLEN AVENUE #57  
CITY-ST-ZIP PANAMA CITY FL 32401

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME LAMOS, PHYLLIS  
STREET ADDRESS 316 CHERRY ST #39  
CITY-ST-ZIP PANAMA CITY FL 32401

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME PATTERSON, JULIA  
STREET ADDRESS 105 ALLEN AVENUE #51  
CITY-ST-ZIP PANAMA CITY FL 32401

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

PATTERSON (CHANGES SPELLING OF LAST NAME)  
SAME

TITLE T  
NAME COLMERY, MAXINE  
STREET ADDRESS 316 CHERRY ST., SUITE 36  
CITY-ST-ZIP PANAMA CITY FL 32401

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME KEELER, ROBERT  
STREET ADDRESS 316 CHERRY ST #32  
CITY-ST-ZIP PANAMA CITY FL 32401

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

D THOMAS, SARAH GRACE  
316 CHERRY ST. #37  
PANAMA CITY FL 32401

TITLE D  
NAME ALLDREDGE, QUE  
STREET ADDRESS 316 CHERRY ST. #38  
CITY-ST-ZIP PANAMA CITY FL 32401

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

D CRAIG, MARY MARGARET  
105 ALLEN AVE., #52  
PANAMA CITY FL 32401

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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)*

4/26/98

1-850-785-4850

CR2E037 (10/97)