

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90005 040 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |         |                                                                                     |                                                                                                                   |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>DOCUMENT # 737471</b><br>1. Entity Name<br><b>BAY CLUB ON ST. ANDREWS BAY ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |         |                                                                                     |                                  |                                        |
| Principal Place of Business<br><b>316 CHERRY ST<br/>OFFICE<br/>PANAMA CITY FL 32401<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |         | Mailing Address<br><b>316 CHERRY ST<br/>OFFICE<br/>PANAMA CITY FL 32401<br/>US</b>  |                                                                                                                   |                                        |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                                                                   |                                        |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |         | City & State                                                                        |                                                                                                                   |                                        |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         | Country |                                                                                     | Zip                                                                                                               |                                        |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         | Country |                                                                                     | 4. FEI Number<br><b>59-1772718</b>                                                                                |                                        |
| 6. Name and Address of Current Registered Agent<br><br><b>COLMERY, MAXINE<br/>316 CHERRY ST, #36<br/>PANAMA CITY FL 32401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |         |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                        |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |         |                                                                                     | Applied For<br>Not Applicable                                                                                     |                                        |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |         |                                                                                     | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                         |                                        |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                   | <b>\$5.00 May Be<br/>Added to Fees</b> |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |         |                                                                                     |                                                                                                                   |                                        |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                        |                                                                                                                   |                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>ALLDREDGE, QUE<br>316 CHERRY ST #38<br>PANAMA CITY FL 32401       |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>Keeler, Robert<br>316 Cherry St., #32<br>Panama City, FL 32401                                               |                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>POLLARD, BARBARA<br>316 CHERRY STREET, #43<br>PANAMA CITY FL 32401 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>Speigner, Gwen<br>105 Allen Ave., #54<br>Panama City, FL 32401                                               |                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>ADELMAN, RICHARD<br>316 CHERRY ST #42<br>PANAMA CITY FL 32401      |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>Bryan, R. L.<br>105 Allen Ave., #55<br>Panama City, FL 32401                                                 |                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>COLMERY, MAXINE<br>316 CHERRY ST #36<br>PANAMA CITY FL 32401       |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>THOMAS, SARAH GRACE<br>316 CHERRY STREET, #37<br>PANAMA CITY FL 32401                                        |                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>KING, PAT<br>105 ALLEN AVENUE, #57<br>PANAMA CITY FL 32401         |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>THOMAS, SARAH GRACE<br>316 CHERRY STREET, #37<br>PANAMA CITY FL 32401                                        |                                        |
| 12. I 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 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. |                                                                         |         |                                                                                     |                                                                                                                   |                                        |
| <b>SIGNATURE:</b> <u>Maxine Colmery</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |         | <u>Treasurer</u><br><small>Date</small>                                             |                                                                                                                   |                                        |
| <u>January 21, 2004</u><br><small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |         | <u>850-785-4850</u><br><small>Daytime Phone #</small>                               |                                                                                                                   |                                        |

**54000561**



MOORE CR2E037 (11/03)