

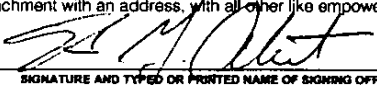


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90203 012 \*\*\*\*61.25

<b>DOCUMENT # N06000004371</b> 1. Entity Name <b>BAY POINT PREFERRED GOLF ASSOCIATION, INC.</b>																																																																																																																																																					
Principal Place of Business <b>128 DRAGON'S CIRCLE PANAMA CITY BEACH, FL 32411</b>			Mailing Address <b>P.O. BOX 27554 PANAMA CITY BEACH, FL 32411</b>																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 27157</b> Suite, Apt. #, etc.																																																																																																																																																			
City & State <b>PANAMA CITY FL</b>		City & State <b>PANAMA CITY FL</b>		4. FEI Number <b>20-4835044</b>																																																																																																																																																	
Zip <b>32411</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>CONNOR, DON 128 DRAGON'S CIRCLE PANAMA CITY BEACH, FL 32411</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																																	
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>																																																																																																																																																					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																																	
<b>Make check payable to Florida Department of State</b>																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">CD CONNOR, DON</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">P.O. BOX 27554</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">PANAMA CITY BEACH, FL 32411</td> </tr> <tr> <td>TITLE</td> <td>CD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">CHABOT, DON</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">P.O. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>  <b>H.G. AKST</b> <b>4/25/08</b> <b>850 235 9952</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					