FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N28249** **(3)**

1. Corporation Name

BAYTOWN CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 DELWOOD BCH RD PANAMA CITY BCH FL 65744 US	PO BOX 9368 PANAMA CITY BCH FL 32417-9368 US

3. Date Incorporated or Qualified: **09/08/1988**
3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-2997465** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SPANN, W. F.
100 DELWOOD BEACH RD.,
PANAMA CITY BEACH FL 32411

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	SPANN, WILLIAM F		1.2 NAME		
STREET ADDRESS	100 DELWOOD BEACH RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP		32411-7880
TITLE	DP	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	WISE, SARA		2.2 NAME		
STREET ADDRESS	3400 RIDGEWOOD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL		2.4 CITY-ST-ZIP		36303-2034
TITLE	DST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TINDELL, ROLLINS J		3.2 NAME		
STREET ADDRESS	11 HOLLY HILL RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	DV	☐ Change ☒ Addition
NAME			4.2 NAME	RANKIN, ROBERT	
STREET ADDRESS			4.3 STREET ADDRESS	100 DELWOOD BEACH RD.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE		☐ DELETE	5.1 TITLE	DS	☐ Change ☒ Addition
NAME			5.2 NAME	LOVETT, LISA	
STREET ADDRESS			5.3 STREET ADDRESS	1405 SELKIRK DR.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	DOTHAN AL 36303	
TITLE		☐ DELETE	6.1 TITLE	DT	☐ Change ☒ Addition
NAME			6.2 NAME	GUEST, RICHARD	
STREET ADDRESS			6.3 STREET ADDRESS	5 ASHBOROUGH CIRCLE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DOTHAN, AL 36301	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sara H. Wise Sara H. Wise 3/26/96 (334) 793-3368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #