FILE NOW: FILING FEE IS $61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90008 042 ****61.25

0010169

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28249**

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

2. Principal Place of Business 21 P.O Box 27632 Suite, Apt. #, etc. 22 Panama City City & State 23 Fl. Zip 24 32411 Country 25 Bay	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 09/08/1988 4. FEI Number 59-2997465 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D	☐ DELETE	1.1 TITLE		☐ 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		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, JOHN		2.2 NAME		
STREET ADDRESS	100 DELWOOD BCH ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32411		2.4 CITY-ST-ZIP		
TITLE	DT	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILEST, RICHARD		3.2 NAME		
STREET ADDRESS	5 ASHBOROUGH CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL		3.4 CITY-ST-ZIP		
TITLE	DTS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM, JOHN		4.2 NAME		
STREET ADDRESS	100 DELWOOD BCH RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32411		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHARP, SHERYL		5.2 NAME		
STREET ADDRESS	400 S GREEN ST #510		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60607		5.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GUEST, RICHARD		6.2 NAME		
STREET ADDRESS	100 DELWOOD BCH ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32411		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

850

SIGNATURE: Lloyd G. Dodge LLOYD E. ODELL MGR 1-20-99 233-1743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #