2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N28249

FILED Jan 08, 2003 Secretary of State

Entity Name: BAYTOWN CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business: P.O. BOX 27632			New Principal Place of Business:		
PANAMA CITY, FL 32411 US Current Mailing Address:			New Mailing Address:		
P.O. BOX 2 PANAMA C	7632 ITY, FL 32411	US			
FEI Number:	59-2997465	FEI Number Applied For () FEI Nur	nber Not Applic	cable () Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and A	Address of New Registered Agent:	
SPANN, W. F. 100 DELWOOD BEACH RD., UNIT 2012 PANAMA CITY, FL 32408 US 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.					
SIGNATURE: Electronic Signature of Registered Agent Date					
			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address:	VTD ()D	elete F EECH RD UNIT 2012	Title: Name: Address:	VTD (X) Change () Addition SPANN, WILLIAM F 100 DELWOOD BEACH RD UNIT 2012 PANAMA CITY, FL 32408	
Title: Name: Address: City-St-Zip:	SD () D DUNN, BETTY 100 DELWOOD B PANAMA CITY, FL	EECH RD UNIT 2010	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition DUNN, BETTY 100 DELWOOD BEACH RD UNIT 2010 PANAMA CITY, FL 32408	
Title: Name: Address: City-St-Zip:	PD () D WILLIAM, JOHN 100 DELWOOD B PANAMA CITY, FL	EECH RD UNIT 2014		PD (X) Change () Addition WILLIAM, JOHN 100 DELWOOD BEACH RD UNIT 2014 PANAMA CITY, FL 32408	
Title: Name: Address: City-St-Zip:	D () D SHARP, SHERYL 400 S GREEN ST CHICAGO, IL 606	# 518	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D LIENHOP, ROBEF 531 WAHOO RD PANAMA CITY, FL	RT		D (X) Change () Addition MULLER, DON 617 AMBERJACK DR PANAMA CITY, FL 32408	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WILLIAMS P 01/08/2003