

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000075318 (1)**

1. Corporation Name

BAY POINT MEMBERS GOLF, INC.

Principal Place of Business

**3900 MARRIOTT DRIVE
SUITE K
PANAMA CITY BEACH FL 32408**

Mailing Address

**3900 MARRIOTT DRIVE
SUITE K
PANAMA CITY BEACH FL 32408**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/11/1996	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	52-2023905	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HUGHES, J. ROBERT
220 MCKENZIE AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANN, WILLIAM F	1.2 NAME	Spann, William F.
STREET ADDRESS	P.O. BOX 27780	1.3 STREET ADDRESS	3900 Marriott Dr., Suite 12
CITY - ST - ZIP	PANAMA CITY BEACH FL 32411-7880	1.4 CITY - ST - ZIP	Panama City Beach, FL 32411
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, WILLIAM L	2.2 NAME	
STREET ADDRESS	401 N. MICHIGAN AVENUE, SUITE 1900	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60611	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, HAROLD T	3.2 NAME	
STREET ADDRESS	3 DEERWOOD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SHOAL CREEK AL 35242	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

Date

Daytime Phone #

0514283

CR2E034 (9/96)