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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075318 (1)

BAY P	POINT MEMBERS GOLF, II	NC.		1314111 14 414 144 144 144 144 144	
Principal Plac	ce of Business	Mailing Address			T 1889 THE TITE OF THE PART 1881
3900 MARRI		3900 MARRIOTT DR	HVE		
SUITE K SUITE K PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408				DO NOT WRITE IN THIS SPACE	
Panama (1)	IT REACH EC 35408	PANAMA CITY BEAT	CH FL 32406	3. Date Incorporated or Qualified	IIO OI AUE
				09/11/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
11 26			52-2025905	Not Applicable	
Suite, Apt.	W, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & City	<u> </u>	City & State			Fee Required
City & Stat	le	City & State		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	ed Agent
	ughes, J. Robert		81 Name		
220 MCKENZIE AVENUE			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
P/	NAMA CITY FL 32401				
			83		
			84 City		85 Zip Code
44 6		500 1 002 1500 50 11 50		orporation submits this statement for the purpos ration's board of directors. I hereby accept the	—
agent. I a	am familiar with, and accept the obl	igations of, Section 607.0505	(NOTE Registered Agent signature rec		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPANN, WILLIAM F		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D CHARO MANIAMA	☐ DELETE			Change Addition
NAME	SHARP, WILLIAM L	CINTE MAAA	2.2 NAME		
STREET ADDRESS	401 N. MICHIGAN AVENUE CHICAGO IL 60611	E, DUITE INUU	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D CHICAGO IL BUBII	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	MCCORMICK, HAROLD T	المالية المالية	3.2 NAME		The second of the second of
STREET ADDRESS	3 DEERWOOD		33 STREET ADDRESS		
CITY-ST-ZIP	SHOAL CREEK AL 35242		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	and the second s	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition

SIGNATURE:

STREET ADDRESS

6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 01 1998 8:00am

Secretary of State