SIGNATURE: WILLIAM WANNER	PRESIDENT

Entity Name: BAY POINT IMPROVEMENT ASSOCIATION, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

4000 MARRIOTT DRIVE SUITE C BAY POINT, FL 32408

DOCUMENT# 722180

Current Mailing Address:

P.O. BOX 27089 PANAMA CITY, FL 32411-7089

FEI Number: 59-6504959

Name and Address of Current Registered Agent:

HAYDN, DEBRA 4000 MARRIOTT DRIVE SUITE C PANAMA CITY, FL 32408 US Certificate of Status Desired: No

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	DEBRA HAYDN 01/		
	Electronic Signature of Registered Agent		Date
Officer/Dired	ctor Detail :		
Title	PRESIDENT	Title	TREASURER
Name	WANNER, WILLIAM C	Name	HINDES, DENISE
Address	P.O. BOX 27089	Address	P O BOX 27089
City-State-Zip:	PANAMA CITY FL 32411-7089	City-State-Zip:	PANAMA CITY BEACH FL 32411-7089
Title	DIRECTOR	Title	DIRECTOR
Name	CONNOR, DON	Name	CONNOR, KEITH
Address	P.O. BOX 27089	Address	P O BOX 27089
City-State-Zip:	PANAMA CITY BEACH FL 32411-7089	City-State-Zip:	PANAMA CITY BEACH FL 32411-7089
Title	1ST VICE PRESIDENT	Title	MVCI REPRESENTIVE
Name	SELPH, CARL	Name	LYNN, KEVIN
Address	P O BOX 27089	Address	P.O.BOX 27089
City-State-Zip:	PANAMA CITY BEACH FL 32411-7089	City-State-Zip:	PANAMA CITY FL 32411-7089
Title	DIRECTOR	Title	SECRETARY
Name	RANKIN, WALTER	Name	DAY, JO ANN
Address	P O BOX 27089	Address	P O BOX 27089
City-State-Zip:	PANAMA CITY BEACH FL 32411-7089	City-State-Zip:	PANAMA CITY FL 32411-7089

Continues on page 2

I hereby 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 all other like empowered.

S

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

Title	DIRECTOR	Title	2ND VICE PRESIDENT
Name	MATHEWS, DAN	Name	CORCORAN, LINDA
Address	P.O. BOX 27089	Address	P.O. BOX 27089
City-State-Zip:	PANAMA CITY FL 32411-7089	City-State-Zip:	PANAMA CITY FL 32411-7089
Title	DIRECTOR		
i ille	DIRECTOR		

Name	VELEZ, JOSE	
Address	P.O. BOX 27089	
City-State-Zip:	PANAMA CITY FL 32411-7089	