

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722180

Entity Name: BAY POINT IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

4000 MARRIOTT DRIVE
SUITE C
BAY POINT, FL 32408

Current Mailing Address:

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

FEI Number: 59-6504959

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAYDN, DEBRA
4000 MARRIOTT DRIVE
SUITE C
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: DEBRA HAYDN

01/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title MVCI REPRESENTIVE
Name LYNN, KEVIN
Address P.O.BOX 27089
City-State-Zip: PANAMA CITY FL 32411-7089

Title DIRECTOR
Name RANKIN, WALTER
Address P O BOX 27089
City-State-Zip: PANAMA CITY BEACH FL 32411-7089

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

Title DIRECTOR
Name SHOOK, JENNIFER
Address P.O. BOX 27089
City-State-Zip: PANAMA CITY FL 32411-7089

Title VP
Name DRING, SAMANTHA
Address P.O. BOX 27089
City-State-Zip: PANAMA CITY FL 32411-7089

Title PRESIDENT
Name SELTZER- MITCHELL, CATHERINE
Address P.O. BOX 27089
City-State-Zip: PANAMA CITY FL 32411-7089

Title SECRETARY
Name ARENT, DOUG
Address P.O. BOX 27089
City-State-Zip: PANAMA CITY FL 32411-7089

Title TREASURER
Name SELTZER, ZACK
Address P.O. BOX 27089
City-State-Zip: PANAMA CITY FL 32411-7089

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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.

SIGNATURE: ZACK SELTZER

TREASURER

01/20/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GREEN, PATRICK
Address P.O. BOX 27089
City-State-Zip: PANAMA CITY FL 32411-7089

Title DIRECTOR
Name GORMAN, JUSTIN
Address P.O. BOX 27089
City-State-Zip: PANAMA CITY FL 32411-7089

Title DIRECTOR
Name RUSH, DEBBIE
Address P.O. BOX 27089
City-State-Zip: PANAMA CITY FL 32411-7089