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FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761544 (6)

1. Corporation Name
BUCK BAYOU TOWNHOMES OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
144-3 MY WAY SANTA ROSA BEACH FL 32459 US	144-3 MY WAY SANTA ROSA BEACH FL 32459 US

3. Date Incorporated or Qualified: 01/20/1982

4. FEI Number: 26-7701051 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GEIGER, DALE W. 144-3 MY WAY SANTA ROSA BEACH FL 32459	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GEIGER, DALE W.		1.2 NAME		
STREET ADDRESS	144-3 MY WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	GEIGER, MARY		2.2 NAME		
STREET ADDRESS	144-3 MY WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RALPH, ANGLE		3.2 NAME		
STREET ADDRESS	702 SHORE DE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHRUM, GEO		4.2 NAME		
STREET ADDRESS	8154 CENTRY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINNEABAGO IL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	GOODFLEISCH, R.B.		5.2 NAME	ELLEN CANTRELL	
STREET ADDRESS	4841 PARTRIDGE RON		5.3 STREET ADDRESS	1239 FLAT ROCK Rd	
CITY-ST-ZIP	LOUISVILLE KY		5.4 CITY-ST-ZIP	STOCKBRIDGE, GA 30281	
TITLE	D	☑ DELETE	6.1 TITLE	ST	☐ Change ☐ Addition
NAME	CHARBONNEA, A		6.2 NAME	ROSALIND MOORE	
STREET ADDRESS	5225 OLD MOUNTAIN LN		6.3 STREET ADDRESS	7325 W Co. HWY 30A	
CITY-ST-ZIP	POWDER SPRING GA		6.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	

CR2E037 (10/97)

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

SIGNATURE: Dale W. Geiger 5/20/98 PRESIDENT