SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State
07-12-1999 90011 032 ****61.25

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DOCUMENT # 761544

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

2. Principal Place of Business 1	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/20/1982
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 26-7701051 ☐ Applied For ☐ Not Applicable
City & State 3	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 4 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	☐ Change ☐ Addition
NAME	CANTRELL, ELLEN		5.2 NAME	
STREET ADDRESS	1239 FLATROCK RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA 30281		5.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, ROSALIND		6.2 NAME	
STREET ADDRESS	7525 W CO HWY 30A		6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dale W. Geiger July 6 '99 267-1209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)