

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90028 002 ****61.25

DOCUMENT # 761544 1. Entity Name BUCK BAYOU TOWNHOMES OWNERS' ASSOCIATION, INC.					
Principal Place of Business 144-3 MY WAY SANTA ROSA BEACH FL 32459 US			Mailing Address 102 BAY TREE DR. DESTIN FL 32550 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 26-7701051	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOORE, ROSALIND E 102 BAY TREE DR. DESTIN FL 32550				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEIGER, DALE W. ☒ Delete 144-3 MY WAY SANTA ROSA BEACH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GEIGER, MARY ☐ Delete 144-3 MY WAY SANTA ROSA BEACH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. VP MARY GEIGER 144-3 MY WAY SANTA ROSA BEACH, FL 32459 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH, ANGLE ☐ Delete 702 SHORE DE DESTIN FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Ralph Angel ☒ Change ☐ Addition 309 FAIRWAY DRIVE SANTA ROSA BEACH, FL 32459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRUM, GEO ☐ Delete 8154 CENTRY DR WINNEABAGO IL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	F.T. D. George Schrum ☒ Change ☐ Addition 8154 CENTURY COURT WINNEBAGO, IL 61088	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOORE, ROSALIND ☐ Delete 102 BAYTREE DRIVE DESTIN FL 32550		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. D. Rosalind Moore ☒ Change ☐ Addition 102 BAY TREE DR DESTIN, FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Rosalind E Moore</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>2-4-04</i> Daytime Phone #: <i>850-650-6916</i>		