

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-06-2002 90248 011 ****61.25

DOCUMENT # NO1000004118

1. Entity Name
 BOTANY BAYOU HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
 34894 EMERALD COAST PKWY., STE. A 34894 EMERALD COAST PKWY., STE. A
 DESTIN FL 32541 DESTIN FL 32541

2. Principal Place of Business 3. Mailing Address
 130 S. Geronimo Street P.O. Box 6773
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 7A

City & State City & State
 Destin, FL Destin, FL
 Zip Country Zip Country
 32550 Walton 32550 Walton



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3724948 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGILL, ROBERT E III
 36008 EMERALD COAST PKWY., STE. 301
 DESTIN FL 32541

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Delete
NAME	John A. King Sr. (D)	
STREET ADDRESS	4101 Indian Bayou N.	
CITY-ST-ZIP	Destin, FL 32541	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Deborah J. King (D)	
STREET ADDRESS	4101 Indian Bayou N.	
CITY-ST-ZIP	Destin, FL 32541	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Deborah J. King (D)	
STREET ADDRESS	4101 Indian Bayou N.	
CITY-ST-ZIP	Destin, FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (BSO) 837-6777
 Date Daytime Phone #

CFR037 (8/01)