


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90020 023 ****61.25

DOCUMENT # N01000004118			
1. Entity Name BOTANY BAYOU HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 72 GRAND FLORA WAY SANTA ROSA BEACH, FL 32459 US		Mailing Address PO BOX 6615 DESTIN, FL 32550 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 6615	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIRAMAR, FL	
Zip	Country	Zip	Country
32550	USA	32550	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PLEAT, DAVID 4477 LEGENDARY DR 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>D/T Charlotte Blanton</i>		DATE: 1-6-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	D/P DOYLE, GARY	TITLE	D/P GILLIAM, BRENT
NAME	DOYLE, GARY	NAME	GILLIAM, BRENT
STREET ADDRESS	72 GRAND FLORA WAY	STREET ADDRESS	215 Botany Blvd
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	DVP GILLIAM, BRENT	TITLE	D/VP GILLIAM, BRENT
NAME	GILLIAM, BRENT	NAME	GILLIAM, BRENT
STREET ADDRESS	500 CALLE ESCADA	STREET ADDRESS	215 Botany Blvd
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	D/T FRICKS, THOMAS	TITLE	D/T BLANTON, CHARLOTTE
NAME	FRICKS, THOMAS	NAME	BLANTON, CHARLOTTE
STREET ADDRESS	3798 MISTY WAY	STREET ADDRESS	407 Botany Blvd
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	BM KING, JOHN A III	TITLE	D/S GARDNER, MARY LOU
NAME	KING, JOHN A III	NAME	GARDNER, MARY LOU
STREET ADDRESS	4101 INDIAN BAYOU N	STREET ADDRESS	469 Botany BLVD
CITY-ST-ZIP	DESTIN, FL 32541	CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	BM THURMON, SHANE	TITLE	BM ALLEN COURTNEY
NAME	THURMON, SHANE	NAME	ALLEN COURTNEY
STREET ADDRESS	78 GRAND FLORA WAY	STREET ADDRESS	56 CORTE PALMA
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	D/S GARDNER, MARY LOU	TITLE	BM DAVID CARLEE
NAME	GARDNER, MARY LOU	NAME	DAVID CARLEE
STREET ADDRESS	PO BOX 6634	STREET ADDRESS	195 BAY TREE DR
CITY-ST-ZIP	DESTIN, FL 32550	CITY-ST-ZIP	DESTIN, FL 32550
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>D/T Charlotte Blanton</i>		DATE: 1-6-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	