

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:49**

DOCUMENT # N02102 (4)
1. Corporation Name
ROCKY BAYOU OWNERS ASSOCIATION, INCORPORATED

Principal Place of Business Mailing Address
P.O. BOX 040 NICEVILLE FL 32568-0040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1984** 3a. Date of Last Report **07/20/1994**
4. FEI Number **59-3269584** Applied For **NOT APPLICABLE**
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**SPILLMAN, BARTON
1022 LAKEWAY DR
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent
81 Name **ROBERT HUME**
82 Street Address (P.O. Box Number is Not Acceptable) **293 WAVA AVE**
83
84 City **NICEVILLE** FL 85 Zip Code **32578**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE *Robert A. Hume Jr* **ROBERT A. HUME JR VP** **30 Mar 1995**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------------|
| TITLE | P |
| NAME | SPILLMAN, BARTON |
| STREET ADDRESS | 1022 LAKEWAY DR |
| CITY - ST - ZIP | NICEVILLE FL |
| TITLE | V |
| NAME | MOSELY, THOMAS L |
| STREET ADDRESS | 537 GOLF COURSE DR. |
| CITY - ST - ZIP | NICEVILLE FL |
| TITLE | T |
| NAME | RISCH, GREGORY M |
| STREET ADDRESS | 1577 RUCKEL DR. |
| CITY - ST - ZIP | NICEVILLE FL |
| TITLE | D |
| NAME | DOYLE, EDWARD T |
| STREET ADDRESS | 1 KRISTEN CIRCLE |
| CITY - ST - ZIP | NICEVILLE FL |
| TITLE | D |
| NAME | MCKINNEY, MARVIN E |
| STREET ADDRESS | 4223 MARYSA DR. |
| CITY - ST - ZIP | NICEVILLE FL |
| TITLE | D |
| NAME | SMITH, WILLIAM JR |
| STREET ADDRESS | 832 LAKE AMIC DR |
| CITY - ST - ZIP | NICEVILLE FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | JAMES D GORMLEY |
| 13 STREET ADDRESS | 15 KRISTIN CIR |
| 14 CITY - ST - ZIP | NICEVILLE FL 32578 |
| 21 TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | ROBERT HUME |
| 23 STREET ADDRESS | 293 WAVA AVE |
| 24 CITY - ST - ZIP | NICEVILLE FL 32578 |
| 31 TITLE | ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | JOHN W PETERSEN |
| 33 STREET ADDRESS | 3 KRISTIN CIR |
| 34 CITY - ST - ZIP | NICEVILLE FL 32578 |
| 41 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | CLARK W FURLONG |
| 43 STREET ADDRESS | 313 RUCKEL DR |
| 44 CITY - ST - ZIP | NICEVILLE FL 32578 |
| 51 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | FRANK L. STEVENS |
| 53 STREET ADDRESS | 808 LAKE AMIC DR |
| 54 CITY - ST - ZIP | NICEVILLE FL 32578 |
| 61 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | JAN WHITEID |
| 63 STREET ADDRESS | 238 WAVA AVE |
| 64 CITY - ST - ZIP | NICEVILLE FL 32578 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John W Petersen* **JOHN W PETERSEN** **28 MAR 95** **729 1977**
Signature and typed or printed name of signing officer or director Date (Include Year 2)