

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
P.O. BOX 848 NICEVILLE FL 32588-0848 **P.O. BOX 848 NICEVILLE FL 32588-0848**

3. Date Incorporated or Qualified **03/22/1984** 3a. Date of Last Report **04/05/1995**

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|----|---------------------------------------|----|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-3269584 | | Applied For Not Applicable | |
| 21 | | 26 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 22 | | 27 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| City & State | | City & State | | 24 | 25 | 29 | 30 |
| Zip | Country | Zip | Country | | | | |

9. Name and Address of Current Registered Agent

**HUME, ROBERT
293 WAVA AVE
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GORMLEY, JAMES D | 1.2 NAME | |
| STREET ADDRESS | 15 KRISTIN CIR | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | NICEVILLE FL | 1.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUME, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 293 WAVA AVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | NICEVILLE FL | 2.4 CITY - ST - ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PETERSON, JOHN W | 3.2 NAME | |
| STREET ADDRESS | 5 KRISTIN CIR | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | NICEVILLE FL | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FURLONG, CLARK W | 4.2 NAME | |
| STREET ADDRESS | 313 RUCKER DR | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | NICEVILLE FL | 4.4 CITY - ST - ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVENS, FRANK L | 5.2 NAME | |
| STREET ADDRESS | 808 LAKE AMICK DR | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | NICEVILLE FL | 5.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITED, JAN | 6.2 NAME | |
| STREET ADDRESS | 238 WAVA AVE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | NICEVILLE FL | 6.4 CITY - ST - ZIP | |

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 in an attachment with an address.

SIGNATURE: *John W. Peterson* **JOHN W. PETERSEN** **3 FEB 96** **904-729-1977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)