


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02102 (4)**  
1. Corporation Name  
**ROCKY BAYOU OWNERS ASSOCIATION, INCORPORATED**



Principal Place of Business <b>P.O. BOX 848 NICEVILLE FL 32588-0848</b>	Mailing Address <b>P.O. BOX 848 NICEVILLE FL 32588-0848</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified <b>03/22/1984</b>	3a. Date of Last Report <b>02/08/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3269584</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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 **LUKENS, LARRY**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**319 BISCAYNE LN**  
83.   
84. City **NICEVILLE** FL 85. Zip Code **32578**

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 *Larry A. Lukens* DATE **4-8-97**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GORMLEY, JAMES D</b>
STREET ADDRESS	<b>15 KRISTIN CIR</b>
CITY - ST - ZIP	<b>NICEVILLE FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HUME, ROBERT</b>
STREET ADDRESS	<b>293 WAVA AVE</b>
CITY - ST - ZIP	<b>NICEVILLE FL</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PETERSON, JOHN W</b>
STREET ADDRESS	<b>5 KRISTIN CIR</b>
CITY - ST - ZIP	<b>NICEVILLE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FURLONG, CLARK W</b>
STREET ADDRESS	<b>313 RUCKER DR</b>
CITY - ST - ZIP	<b>NICEVILLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WHITED, JAN</b>
STREET ADDRESS	<b>238 WAVA AVE</b>
CITY - ST - ZIP	<b>NICEVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SOLARZ, WALTER</b>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LUKENS, LARRY</b>
2.3 STREET ADDRESS	<b>319 BISCAYNE LN</b>
2.4 CITY - ST - ZIP	<b>NICEVILLE FL 32578</b>
3.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BACON, DOUGLASS</b>
3.3 STREET ADDRESS	<b>4093 HOWARD DR</b>
3.4 CITY - ST - ZIP	<b>NICEVILLE FL 32578</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TURLEY, GERALD</b>
4.3 STREET ADDRESS	<b>4230 MARYSA DR</b>
4.4 CITY - ST - ZIP	<b>NICEVILLE FL 32578</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 *Walter Solarz* DATE **4/8/97**

R2E037 (9/96)