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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 P.O. BOX 848 NICEVILLE FL 32588-0848	Mailing Address P.O. BOX 848 NICEVILLE FL 32588-0848
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3. Date Incorporated or Qualified 03/22/1984		
4. FEI Number 59-3269584	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

LUKENS, LARRY
319 BISCAYNE LN
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name	PAPKE, CURTIS
82 Street Address (P.O. Box Number Is Not Acceptable)	4234 MARYSA DR
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PAPKE, CURTIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLARZ, WALTER	1.2 NAME	4234 MARYSA DR
STREET ADDRESS	15 KRISTIN CIR	1.3 STREET ADDRESS	NICEVILLE FL 32578-1754
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKENS, LARRY	2.2 NAME	VERMILION, PATRICIA
STREET ADDRESS	319 BISCAYNE LN	2.3 STREET ADDRESS	1241 RUCKEL DRIVE
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	NICEVILLE, FL 32578-1626
TITLE	ST	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, DOUGLASS	3.2 NAME	ATKINSON, SHIRLEY
STREET ADDRESS	4093 HOWARD DR	3.3 STREET ADDRESS	1015 FOREST ROAD
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	NICEVILLE FL 32578-1701
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITED, JAN	4.2 NAME	ADAMS, WARREN
STREET ADDRESS	238 WAVA AVE	4.3 STREET ADDRESS	1003 LAKE WAY DRIVE
CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP	NICEVILLE FL 32578-1721
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURLEY, GERALD	5.2 NAME	
STREET ADDRESS	4230 MARYSA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Douglas P. Bacon* **DOUGLASS P. BACON** 19 MAR 98 850-729-3207

CR2E037 (10/97)