


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO2102
1. Corporation Name
Rocky Bayou Owners Assoc. Inc.

99 APR 19 AM 9:29

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

PO Box 848 Niceville FL 32588-0848 PO Box 848 Niceville, FL 32588-0848

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

90076/019 \$61.25 2/21/99

9. Name and Address of Current Registered Agent

Solarz, Walter
896 Seventeenth Tee Cove
Niceville, FL 32578

3. Date Incorporated or Qualified
03-22-84

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

10. Name and Address of New Registered Agent

81 Name Van Buren, Conrad

82 Street Address (P.O. Box Number is Not Acceptable)

83 1382 Ruckel Drive

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 Conrad Van Buren CONRAD VAN BUREN 14 APR 99 DATE

12. OFFICERS AND DIRECTORS

TITLE	<u>President</u>	<input checked="" type="checkbox"/> DELETE
NAME	<u>Solarz, Walter</u>	
STREET ADDRESS	<u>896 Seventeenth Tee Cove</u>	
CITY-ST-ZIP	<u>Niceville, FL 32578</u>	
TITLE	<u>Sec/Trea.</u>	<input checked="" type="checkbox"/> DELETE
NAME	<u>Bacon, Douglas</u>	
STREET ADDRESS	<u>4093 Howard Drive</u>	
CITY-ST-ZIP	<u>Niceville, FL 32578</u>	
TITLE	<u>Vice President</u>	<input checked="" type="checkbox"/> DELETE
NAME	<u>Van Buren, Conrad</u>	
STREET ADDRESS	<u>1382 Ruckel Drive</u>	
CITY-ST-ZIP	<u>Niceville FL 32578</u>	
TITLE	<u>Administrative Asst.</u>	<input checked="" type="checkbox"/> DELETE
NAME	<u>Keene, Linnea</u>	
STREET ADDRESS	<u>4038 Bond Circle</u>	
CITY-ST-ZIP	<u>Niceville, FL 32578</u>	
TITLE	<u>Architect Comm.</u>	<input checked="" type="checkbox"/> DELETE
NAME	<u>Arneson, David</u>	
STREET ADDRESS	<u>898 Seventeenth Tee Cove</u>	
CITY-ST-ZIP	<u>Niceville, FL 32578</u>	
TITLE	<u>Environment Comm.</u>	<input checked="" type="checkbox"/> DELETE
NAME	<u>Wilcoxon, Richard</u>	
STREET ADDRESS	<u>207 Ruckel Drive</u>	
CITY-ST-ZIP	<u>Niceville FL 32578</u>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<u>President/D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<u>Van Buren, Conrad</u>	
1.3 STREET ADDRESS	<u>1382 Ruckel Drive</u>	
1.4 CITY-ST-ZIP	<u>Niceville, FL 32578</u>	
2.1 TITLE	<u>Sec/Trea/D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<u>Sherri L. Boulton</u>	
2.3 STREET ADDRESS	<u>4046 Bond Circle</u>	
2.4 CITY-ST-ZIP	<u>Niceville, FL 32578</u>	
3.1 TITLE	<u>Vice President/D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<u>Lisa Young</u>	
3.3 STREET ADDRESS	<u>312 Ruckel Drive</u>	
3.4 CITY-ST-ZIP	<u>Niceville, FL 32578</u>	
4.1 TITLE	<u>Administrative Asst.</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<u>Kelley Gaskell</u>	
4.3 STREET ADDRESS	<u>2178 Chase Drive</u>	
4.4 CITY-ST-ZIP	<u>Niceville, FL 32578</u>	
5.1 TITLE	<u>Architect Comm.</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<u>Keene, Linnea</u>	
5.3 STREET ADDRESS	<u>4038 Bond Circle</u>	
5.4 CITY-ST-ZIP	<u>Niceville, FL 32578</u>	
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 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, with all other like empowered

SIGNATURE: Sherri L. Boulton Sherri L. Boulton 4-12-99 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 850-678-1948

CR2E037 (1/198)