

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N02102**

1. Entity Name

ROCKY BAYOU OWNERS ASSOCIATION, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 AM 10:42

Principal Place of Business

Mailing Address

P.O. BOX 848
NICEVILLE FL 32588-0848

P.O. BOX 848
NICEVILLE FL 32588-0848

2. Principal Place of Business

3. Mailing Address

Niceville, FL 32588

P.O. Box 848

City & State

City & State

Niceville, FL 32588

4. FEI Number

59-3269584

Applied For

Not Applicable

Zip

Country

Zip

Country

32588

Okaloosa

32588

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN BUREN, CONRAD
1382 RUCKEL DRIVE
NICEVILLE FL 32578

Name **Bill Holler**

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

326 Sharon Dr.

City **Niceville**

FL

Zip Code **32578**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

William L Holler - President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-27-2001

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VAN BUREN, CONRAD	
STREET ADDRESS	1382 RUCKEL DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BOULTON, SHERRI L	
STREET ADDRESS	4046 BOND CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GASKELL, KELLEY	
STREET ADDRESS	2178 CHASE DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	AA	<input checked="" type="checkbox"/> Delete
NAME	KEENE, LYNN	
STREET ADDRESS	4038 BOND CIRCLE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	AC	<input checked="" type="checkbox"/> Delete
NAME	LORIA, JOE	
STREET ADDRESS	4100 HOWARD DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	EC	<input checked="" type="checkbox"/> Delete
NAME	WILCOXEN, RICHARD	
STREET ADDRESS	207 RUCKEL DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Holler	
STREET ADDRESS	326 Sharon Dr.	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	Flora S. Saxon	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flora S. Saxon	
STREET ADDRESS	P.O. Box 626-281 Wava Ave.	
CITY-ST-ZIP	Niceville, FL 32588	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Lukens	
STREET ADDRESS	319 Biscayne Lane	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	AA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Jo Harvey	
STREET ADDRESS	484 Ruckel Dr.	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Flora Saxon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 12, 2001 678-8389

Date

Daytime Phone #

CR2E037 (5/01)