
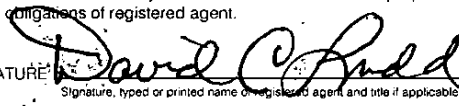
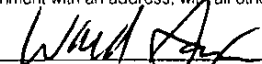


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90159 020 ****61.25

DOCUMENT # N02102					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3269584	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LORIA, JOSEPH 4100 HOWARD DR. NICEVILLE, FL 32578			Name LADD, DAVE		
			Street Address (P.O. Box Number is Not Acceptable)		
			326 RUCKEL DRIVE		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 		DAVE LADD, PRESIDENT		April 18, 2005	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORIA, JOSEPH		NAME	LADD, DAVE	
STREET ADDRESS	4100 HOWARD DR.		STREET ADDRESS	326 RUCKEL DRIVE	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACON, DOUGLASS		NAME	McELHANEY, JIM	
STREET ADDRESS	4093 HOWARD DR.		STREET ADDRESS	1010 LAKE WAY DRIVE	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	DM	<input type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EASTEP, RICHARD		NAME	SAXON, WARD	
STREET ADDRESS	20 KRISTIN CIR		STREET ADDRESS	247 WAVA AVENUE	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	DE	<input checked="" type="checkbox"/> Delete	TITLE	DA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, JAN		NAME	RICH, MIKE	
STREET ADDRESS	4054 BOND CIR		STREET ADDRESS	322 RUCKEL DRIVE	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDMAN, CHERYL		NAME	OSTHOFF, BILL	
STREET ADDRESS	1504 RUCKEL DRIVE		STREET ADDRESS	476 RUCKEL DRIVE	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	DE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASCOCK, EVERETT		NAME	GERTLER, JOE	
STREET ADDRESS	203 RUCKEL DRIVE		STREET ADDRESS	1008 LAKE WAY DRIVE	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
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: 		WARD SAXON, SEC/TREAS		April 18, 2005 (850) 729-0681	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	