
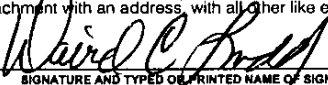


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90241 029 \*\*\*\*61.25

<b>DOCUMENT # N02102</b>				
1. Entity Name <b>ROCKY BAYOU OWNERS ASSOCIATION, INCORPORATED</b>				
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>		
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 <b>59-3269584</b>
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
<b>LADD, DAVE 326 RUCKEL DR NICEVILLE, FL 32578</b>			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADD, DAVE		NAME	
STREET ADDRESS	326 RUCKEL DR		STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCELHANEY, JIM		NAME	MARYESKI, PAUL
STREET ADDRESS	1010 LAKE WAY DR		STREET ADDRESS	3183 CHASE DR
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	DM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EASTEP, RICHARD		NAME	STRASBURGER, FRANK
STREET ADDRESS	20 KRIST IN CIR		STREET ADDRESS	330 RUCKEL DR
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAXON, WARD		NAME	GERTLER, JOE
STREET ADDRESS	247 WAVA AVE		STREET ADDRESS	1008 LAKE WAY DR
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	DA	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, MIKE		NAME	HOLLER, BILL
STREET ADDRESS	322 RUCKEL DR		STREET ADDRESS	326 SHARON DR
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTHOFF, BILL		NAME	
STREET ADDRESS	476 RUCKEL DR		STREET ADDRESS	476 RUCKEL DR
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.				
<b>SIGNATURE:</b> 		DAVID C. LADD, PRESIDENT		MAY 1, 2006 850-685-7478
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>