


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90091 003 ****61.25

DOCUMENT # N02102
1. Entity Name
ROCKY BAYOU OWNERS ASSOCIATION, INCORPORATED



Principal Place of Business Mailing Address
P.O. BOX 848 P.O. BOX 848
NICEVILLE FL 32588-0848 NICEVILLE FL 32588-0848

11608548
1500500


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 **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
HOLLER, BILL
326 SHARON DR
NICEVILLE FL 32578

7. Name and Address of New Registered Agent
Name **JOSEPH LORIA**
Street Address (P.O. Box Number is Not Acceptable)
4100 HOWARD 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Joseph L. Loria* DATE **04/18/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOLLER, BILL	
STREET ADDRESS	326 SHARON DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SAXON, FLORA S	
STREET ADDRESS	P.O. BOX 626, 281 WAVA AVE	
CITY-ST-ZIP	NICEVILLE FL 32588	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOSS, CHARLES R	
STREET ADDRESS	2 JAMIE COURT	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	AA	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, MARY JO	
STREET ADDRESS	484 RUCKEL DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH LORIA	
STREET ADDRESS	4100 HOWARD DR	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLASS BACON	
STREET ADDRESS	4093 HOWARD DR	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILL TILLER	
STREET ADDRESS	2094 LINDSEY LANE	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	AA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORA SAXON	
STREET ADDRESS	PO BOX 626, 281 WAVA AVE	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Joseph L. Loria* 18 APR 03 850-729-3207

CR2E037 (10/02)