

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90054 041 \*\*\*\*61.25

**DOCUMENT # N03000009610**

1. Entity Name  
GRAYTON BAYOU OWNERS ASSOCIATION, INC.



Principal Place of Business  
4460 LEGENDARY DR, STE 100  
DESTIN, FL 32541

Mailing Address  
4460 LEGENDARY DR, STE 100  
DESTIN, FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005 Chg-NP CR2E037 (10/03)

4. FEI Number  
20-0392452

Applied For  
Not Applicable

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

WATSON, FRANKLIN  
FRANKLIN H. WATSON, P.A.  
5365 E CO HWY 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459

Name

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

City

FL

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

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. ☐

\$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 D ☐ Delete  
NAME MCCULLAR, LEE  
STREET ADDRESS 4077 DRIFTING SAND TRAIL  
CITY-ST-ZIP DESTIN, FL 32541

TITLE D ☒ Change ☐ Addition  
NAME McCullar, Lee  
STREET ADDRESS 4460 Legendary Dr. #100  
CITY-ST-ZIP Destin, FL 32541

TITLE D ☐ Delete  
NAME WEBSTER, HARVEY  
STREET ADDRESS 4077 DRIFTING SAND TRAIL  
CITY-ST-ZIP DESTIN, FL 32541

TITLE D ☒ Change ☐ Addition  
NAME Webster, Harvey  
STREET ADDRESS 4460 Legendary Dr.  
CITY-ST-ZIP Destin, FL 32541

TITLE D ☐ Delete  
NAME MCCULLAR, ANDREA  
STREET ADDRESS 4077 DRIFTING SAND TRAIL  
CITY-ST-ZIP DESTIN, FL 32541

TITLE D ☒ Change ☐ Addition  
NAME McCullar, Andrea  
STREET ADDRESS 4460 Legendary Dr. #100  
CITY-ST-ZIP Destin, FL 32541

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #