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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37953** **(9)**

1. Corporation Name

MILL BAYOU OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LES W. BURKE 221 MCKENZIE AVE. PANAMA CITY FL 32401	C/O LES W. BURKE 221 MCKENZIE AVE. PANAMA CITY FL 32401-3128

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: c/o Marvin Clark	26 Suite, Apt. #, etc.: c/o Marvin Clark
22 City & State: 3208 Bob Jones Dr.	27 City & State: 3208 Bob Jones Dr.
23 Zip / Country: Lynn Haven, FL / 32444 / USA	28 Zip / Country: Lynn Haven, FL / 32444 / USA

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 08/05/1996

4. FEI Number: 59-3133219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURKE, LES W. BURKE & BLUE, P.A. 221 MCKENZIE AVE. PANAMA CITY FL 32401	81 Name: Marvin Clark 82 Street Address (P.O. Box Number is Not Acceptable): 3208 Bob Jones Drive 83 84 City: Lynn Haven, FL 85 Zip Code: 32444

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Marvin O Clark, Marvin Clark (P) 4/13/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	P D	☐ Change ☑ Addition
NAME	LEWIS, H. MACK		1.2 NAME	Marvin Clark	
STREET ADDRESS	431 OAK AVE.		1.3 STREET ADDRESS	3208 Bob Jones Dr	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	VD	☑ DELETE	2.1 TITLE	V D	☐ Change ☑ Addition
NAME	MOORE, JOE		2.2 NAME	John Manville	
STREET ADDRESS	431 OAK AVE.		2.3 STREET ADDRESS	905 College Blvd N.	
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	STD	☑ DELETE	3.1 TITLE	S D	☐ Change ☑ Addition
NAME	MOORE, NANCY		3.2 NAME	Loren Schroeder	
STREET ADDRESS	431 OAK AVE.		3.3 STREET ADDRESS	901 College Blvd N.	
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE		☐ DELETE	4.1 TITLE	T D	☐ Change ☑ Addition
NAME			4.2 NAME	Ken Shaw	
STREET ADDRESS			4.3 STREET ADDRESS	924 College Blvd N.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 4/13/97