FILE NOW: FILING FEE IS $61.25

FILED
Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 MARVIN CLARK 3208 BOB JONES DR LYNN HAVEN FL 32444 US	C/O MARVIN CLARK 3208 BOB JONES DR LYNN HAVEN FL 32444 US

3. Date Incorporated or Qualified: 04/30/1990

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

2. Principal Place of Business	2a. Mailing Address
21 3144 COLLEGE BLVD	26 3144 COLLEGE BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LYNN HAVEN, FL.	City & State 28 LYNN HAVEN, FL.
Zip 24 32444 Country 25 BAY	Zip 29 32444 Country 30 BAY

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, MARVIN 3208 BOB JONES DRIVE LYNN HAVEN FL 32444	81 Name PAUL GEORGAKIS 82 Street Address (P.O. Box Number is Not Acceptable) 3144 COLLEGE BLVD 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 [signature] PAUL GEORGAKIS 01-14-98
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	PD	☒ Change ☐ Addition
NAME	CLARK, MARVIN		1.2 NAME	PAUL, GEORGAKIS	
STREET ADDRESS	3208 BOB JONES DR		1.3 STREET ADDRESS	3144 COLLEGE BLVD	
CITY-ST-ZIP	LYNN HAVEN FL		1.4 CITY-ST-ZIP	LYNN HAVEN, FL, 32444	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MANVILLE, JOHN		2.2 NAME	KEN, SHAW	
STREET ADDRESS	905 COLLEGE BLVD N		2.3 STREET ADDRESS	924 COLLEGE BLVD	
CITY-ST-ZIP	LYNN HAVEN FL		2.4 CITY-ST-ZIP	LYNN HAVEN, FL, 32444	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	SCHROEDER, LOREN		3.2 NAME	RICK BROWN	
STREET ADDRESS	901 COLLEGE BLVD N		3.3 STREET ADDRESS	1004 COLLEGE BLVD	
CITY-ST-ZIP	LYNN HAVEN FL		3.4 CITY-ST-ZIP	LYNN HAVEN, FL, 32444	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SHAW, KEN		4.2 NAME	KEN, SHAW	
STREET ADDRESS	924 COLLEGE BLVD N		4.3 STREET ADDRESS	924 COLLEGE BLVD	
CITY-ST-ZIP	LYNN HAVEN FL		4.4 CITY-ST-ZIP	LYNN HAVEN, FL, 32444	
TITLE		☐ DELETE	5.1 TITLE	300002429853	☐ Change ☐ Addition
NAME			5.2 NAME	-02/13/98--01015--030	
STREET ADDRESS			5.3 STREET ADDRESS	***70.00	
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 (10/97)

14. 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 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: [signature] PAUL GEORGAKIS 01-14-98 (850) 214-0000