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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37953

1. Corporation Name

MILL BAYOU OWNERS ASSOCIATION, INC.

Principal Place of Business

3144 COLLEGE BLVD.
LYNN HAVEN FL 32444
US

Mailing Address

3144 COLLEGE BLVD.
LYNN HAVEN FL 32444
US



2. Principal Place of Business

21 3124 COLLEGE BLVD

2a. Mailing Address

26 3124 COLLEGE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LYNN HAVEN FL

City & State

28 LYNN HAVEN FL

Zip Country

24 32444 25 USA

Zip Country

29 32444 30 USA

3. Date Incorporated or Qualified

04/30/1990

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

9. Name and Address of Current Registered Agent

GEORGAKIS, PAUL
3144 COLLEGE BLVD.
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name

DON WHITEHEAD

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

3124 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 *Donald L. Whitehead*
Signature, typed or printed name of registered agent and title if applicable.

DONALD L. WHITEHEAD PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

19 JAN 99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GEORGAKIS, PAUL
STREET ADDRESS 3144 COLLEGE BLVD.
CITY-ST-ZIP LYNN HAVEN FL 32444 ☒ DELETE

TITLE VD
NAME SHAW, KEN
STREET ADDRESS 924 COLLEGE BLVD.
CITY-ST-ZIP LYNN HAVEN FL 32444 ☒ DELETE

TITLE SD
NAME BROWN, RICK
STREET ADDRESS 1004 COLLEGE BLVD.
CITY-ST-ZIP LYNN HAVEN FL 32444 ☒ DELETE

TITLE TD
NAME SHAW, KEN
STREET ADDRESS 924 COLLEGE BLVD.
CITY-ST-ZIP LYNN HAVEN FL 32444 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME DON WHITEHEAD
1.3 STREET ADDRESS 3124 COLLEGE BLVD
1.4 CITY-ST-ZIP LYNN HAVEN FL 32444

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME HAZEL MARANO
2.3 STREET ADDRESS 920 COLLEGE BLVD N
2.4 CITY-ST-ZIP LYNN HAVEN FL 32444

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME DON BLANCHARD
3.3 STREET ADDRESS 932 COLLEGE BLVD N
3.4 CITY-ST-ZIP LYNN HAVEN FL 32444

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME CHIP WORDEN
4.3 STREET ADDRESS 3200 BOB JONES DR
4.4 CITY-ST-ZIP LYNN HAVEN FL 32444

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME RICK BROWN
5.3 STREET ADDRESS 1004 COLLEGE BLVD N
5.4 CITY-ST-ZIP LYNN HAVEN FL 32444

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Donald L. Whitehead* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *DONALD L. WHITEHEAD PRESIDENT* *19 JAN 99* (RSD) 271-5780
Date Daytime Phone #

CR2E037 (11/98)