2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90003 018 ****70.00

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DOCUMENT # N37953

1. Entity Name

MILL BAYOU OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3124 COLLEGE BLVD LYNN HAVEN FL 32444 US	3124 COLLEGE BLVD LYNN HAVEN FL 32444 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3200 BOB JONES DR	3200 BOB JONES DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LYNN HAVEN FL	City & State: LYNN HAVEN FL
Zip: 32444 Country: US	Zip: 32444 Country: US

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

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

6. Name and Address of Current Registered Agent

WHITEHEAD, DON
3124 COLLEGE BLVD
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name: OSWALT, LESTER
Street Address (P.O. Box Number is Not Acceptable): 3204 E 9TH ST
City: LYNN HAVEN **FL** Zip Code: 32444

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.

SIGNATURE: Lester N. Oswalt 1-20-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITEHEAD, DON 3124 COLLEGE BLVD LYNN HAVEN FL 32444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OSWALT, LESTER 3204 E 9TH ST LYNN HAVEN FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARANO, HAZEL 920 COLLEGE BLVD N LYNN HAVEN FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLANCHARD, DON 932 COLLEGE BLVD N LYNN HAVEN FL 32444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCOTT, FRANK 1124 COLLEGE BLVD N LYNN HAVEN FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WORDEN, CHIP 3200 BOB JONES DR LYNN HAVEN FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINDORF, PAT 3236 E 9TH ST LYNN HAVEN FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, RICK 1004 COLLEGE BLVD N LYNN HAVEN FL 32444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISCHER, AMY 1030 COLLEGE BLVD N LYNN HAVEN FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEAPE, DAVID 3213 BOB JONES DR LYNN HAVEN FL 32444	☐ Change ☒ Addition

CR2E037 (10/00)

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 REQUIRED 1-20-01 (850)265-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #