# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 29, 2004**
**Secretary of State**

DOCUMENT# N37953

**Entity Name:** MILL BAYOU OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3140 E 9TH ST
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

913 COLLEGE BLVD. N.
LYNN HAVEN, FL 32444 US

**Current Mailing Address:**

3140 E 9TH ST
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

913 COLLEGE BLVD. N.
LYNN HAVEN, FL 32444 US

**FEI Number: 59-3133219** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, GAIL
3208 BOB JONES DR.
LYNN HAVEN, FL 32444

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | CLARK, GAIL | |
| Address: | 3208 BOB JONES DR. | |
| City-St-Zip: | LYNN HAVEN, FL 32444 US | |
| Title: | VD | ( ) Delete |
| Name: | MARANO, HAZEL | |
| Address: | 920 COLLEGE BLVD N | |
| City-St-Zip: | LYNN HAVEN, FL 32444 US | |
| Title: | SD | ( ) Delete |
| Name: | DOMAUGUE, BETTY | |
| Address: | 1119 COLLEGE BLVD. N | |
| City-St-Zip: | LYNN HAVEN, FL 32444 US | |
| Title: | TD | ( ) Delete |
| Name: | JACOBSON, RANDALL | |
| Address: | 3140 E. 9TH ST | |
| City-St-Zip: | LYNN HAVEN, FL 32444 | |
| Title: | D | ( ) Delete |
| Name: | CULPEPPER, JOHN | |
| Address: | 1004 COLLEGE BLVD N | |
| City-St-Zip: | LYNN HAVEN, FL 32444 | |
| Title: | D | ( ) Delete |
| Name: | HEAPE, DAVID | |
| Address: | 3213 BOB JONES DR | |
| City-St-Zip: | LYNN HAVEN, FL 32444 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | TD | (X) Change ( ) Addition |
| Name: | WIETLISBACH, PAUL | |
| Address: | 913 COLLEGE BLVD. N. | |
| City-St-Zip: | LYNN HAVEN, FL 32444 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL WIETLISBACH TD 01/29/2004
Electronic Signature of Signing Officer or Director — Date