2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005
Secretary of State

DOCUMENT# N37953

Entity Name: MILL BAYOU OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3133219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: PAUL WIETLISBACH 05/16/2005
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: WIETLISBACH, PAUL
Address: 913 COLLEGE BLVD. N.
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: PS (X) Change ( ) Addition
Name: SCHROEDER, LAUREN
Address: 901 COLLEGE BLVD. N.
City-St-Zip: LYNN HAVEN, FL 32444 US

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: ( ) 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 H. WIETLISBACH TD 05/16/2005
Electronic Signature of Signing Officer or Director Date