2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# N37953

Entity Name: MILL BAYOU OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3220 EAST 9TH ST
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

3220 EAST 9TH ST
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:

EVANS, SUSAN P
3220 EAST 9TH ST
LYNN HAVEN, FL 32444 US

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:	PS	( ) Delete
Name:	MACLEAN, ELIZABETH	
Address:	1030COLLEGE BLVD N	
City-St-Zip:	LYNN HAVEN, FL 32444 US	
Title:	SD	( ) Delete
Name:	BROUGHTON, ANITA	
Address:	1112 COLLEGE BLVD N	
City-St-Zip:	LYNN HAVEN, FL 32444 US	
Title:	TD	( ) Delete
Name:	EVANS, SUSAN	
Address:	3220 EAST 9TH ST	
City-St-Zip:	LYNN HAVEN, FL 32444 US	
Title:	D	( ) Delete
Name:	WHITEHEAD, COLLEEN	
Address:	3124 COLLEGE BLVD. N.	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	( ) Delete
Name:	LINGO, DAVID	
Address:	3125 COLLEGE BLVD N	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	( ) Delete
Name:	ELLIOTT, GUS	
Address:	3216 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:	D	(X) Change ( ) Addition
Name:	SCHROEDER, MAURA	
Address:	901 COLLEGE BLVD. N.	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	(X) Change ( ) Addition
Name:	WHITEHEAD, DON	
Address:	3124 COLLEGE BLVD N	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUSAN P EVANS TD 05/04/2007

Electronic Signature of Signing Officer or Director — Date