

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37953

FILED
May 01, 2008
Secretary of State

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: 1030 COLLEGE 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: SCHROEDER, MAURA
Address: 901 COLLEGE BLVD. N.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: WHITEHEAD, DON
Address: 3124 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: PS (X) Change () Addition
Name: CLARK, MARVIN
Address: 3208 BOB JONES DR
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: SD (X) Change () Addition
Name: HICKS, KAREN
Address: 1131 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: D (X) Change () Addition
Name: FREUND, PATTY
Address: 3236 EAST 9TH ST
City-St-Zip: LYNN HAVEN, FL 32444

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 EVANS

TD

05/01/2008

Electronic Signature of Signing Officer or Director

Date