2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
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:

2402 EAST 9TH ST
LYNN HAVEN, FL 32444 US

Current Mailing Address:

3220 EAST 9TH ST
LYNN HAVEN, FL 32444 US

New Mailing Address:

2402 EAST 9TH ST
LYNN HAVEN, FL 32444 US

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:

EVANS, SUSAN P
2402 EAST 9TH ST
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: _____ 05/03/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: CLARK, MARVIN
Address: 3208 BOB JONES DR
City-St-Zip: LYNN HAVEN, FL 32444 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: FREUND, PATTY
Address: 2418 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 05/03/2009
Electronic Signature of Signing Officer or Director — Date