2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State
01-08-2003 90040 011 ****70.00

DOCUMENT # N37953

1. Entity Name
MILL BAYOU OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3140 E 9TH ST LYNN HAVEN FL 32444 US	3140 E 9TH ST LYNN HAVEN FL 32444 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3133219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OSWALT, LESTER
3204 E 9TH ST
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name GAIL CLARK
Street Address (P.O. Box Number is Not Acceptable) 3208 BOB JONES DR
City LYNN HAVEN **FL** Zip Code 32444

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gail B Clark Jan. 05 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OSWALT, LESTER 3204 W 9TH STREET LYNN HAVEN FL 32444	☒ Delete	PD GAIL CLARK 3208 BOB JONES DR LYNN HAVEN, FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARANO, HAZEL 920 COLLEGE BLVD N LYNN HAVEN FL 32444	☐ Delete	SD BETTY DOMANGUE 1119 COLLEGE BLVD N LYNN HAVEN, FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCOTT, FRANK 1124 COLLEGE BLVD LYNN HAVEN FL 32444	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACOBSON, RANDALL 3140 E. 9TH ST LYNN HAVEN FL 32444	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CULPEPPER, JOHN 1004 COLLEGE BLVD N LYNN HAVEN FL 32444	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEAPE, DAVID 3213 BOB JONES DR LYNN HAVEN FL 32444	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail B Clark Jan. 05, 2003
SIGNATURE MUST BE REQUIRED Date Daytime Phone #