

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37953

Entity Name: MILL BAYOU OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3200 BOB JONES DR
LYNN HAVEN, FL 32444**Current Mailing Address:**3200 BOB JONES DR
LYNN HAVEN, FL 32444 US**FEI Number: 59-3133219****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WORDEN, LESLIE C
3200 BOB JONES DR
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	PITTS, ERIC
Address	3134 COLLEGE BLVD
City-State-Zip:	LYNN HAVEN FL 32444

Title	TD
Name	WORDEN, LESLIE C
Address	3200 BOB JONES DR
City-State-Zip:	LYNN HAVEN FL 32444

Title	D
Name	SCHROEDER, MAURA
Address	901 COLLEGE BLVD N
City-State-Zip:	LYNN HAVEN FL 32444

Title	SD
Name	HICKS, KAREN
Address	1131 COLLEGE BLVD N
City-State-Zip:	LYNN HAVEN FL 32444

Title	D
Name	PEREIRA, FLORENCIA
Address	3201 BOB JONES DR
City-State-Zip:	LYNN HAVEN FL 32444

I hereby 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 all other like empowered.

SIGNATURE: LESLIE C WORDEN**TREASURER****02/02/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date