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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761173** **(4)**

1. Corporation Name
INDIAN BAYOU OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
COUNTRY CLUB DR EAST P O BOX 1208 DESTIN FL 32540-1208	COUNTRY CLUB DR EAST P O BOX 1208 DESTIN FL 32540-1208

3. Date Incorporated or Qualified: 12/18/1981
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25 Zip — 29 Country — 30

4. FEI Number: 59-2201349 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LEE, ROBERT E.
26 NW RACETRACK RD
FT WALTON BEACH FL

10. Name and Address of New Registered Agent
81 Name: Chalmer "Red" Caudill
82 Street Address (P.O. Box Number is Not Acceptable): 124 Country Club Dr. W
83
84 City: Destin FL 85 Zip Code: 32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Chalmer R. Caudill 28 Feb 97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAMILTON, E. C.	1.2 NAME	
STREET ADDRESS	8 CHICKAMAUGA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	LINK, JAMES	2.2 NAME	MIKE LOCHT
STREET ADDRESS	15 WEEKEWACHEE CIRCLE	2.3 STREET ADDRESS	8 Cahaba Lane
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	Destin, FL
TITLE	VPD ☐ DELETE	3.1 TITLE	VPD ☒ Change ☐ Addition
NAME	CAUDILL, CHALMER B.	3.2 NAME	Crawford Jones
STREET ADDRESS	124 COUNTRY CLUB DRIVE W	3.3 STREET ADDRESS	160 Indian Bayou Drive
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	Destin, FL
TITLE	SD ☐ DELETE	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	DEAN, MARY ANN	4.2 NAME	Lou McMillan
STREET ADDRESS	131 COUNTRY CLUB DRIVE WEST	4.3 STREET ADDRESS	59 Country Club Drive E
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	Destin, FL
TITLE	☐ DELETE	5.1 TITLE	PD ☐ Change ☒ Addition
NAME		5.2 NAME	Chalmer "Red" Caudill
STREET ADDRESS		5.3 STREET ADDRESS	124 Country Club Drive W
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Destin, FL
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 the annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: President FBOA 904-837-4008
CHALMER B CAUDILL 24JAN97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0073584