FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 23 AM 11:15
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # 761173

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

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 12/18/1981

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

9. Name and Address of Current Registered Agent

LOUIS K MCMILLAN
59 COUNTRY CLUB DR E
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______________________________
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	VD	☐ Change ☒ Addition
NAME	BOS, PETER H		1.2 NAME	CYNTHIA SAYRE	
STREET ADDRESS	110 INDIAN BAYOU DR		1.3 STREET ADDRESS	47 COUNTRY CLUB DR. EAST	
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	BLACKSTONE, JR CAL		2.2 NAME	AMES HUDSON	
STREET ADDRESS	51 COUNTRY CLUB DR E		2.3 STREET ADDRESS	29 INDIAN BAYOU DRIVE	
CITY-ST-ZIP	DESTIN FL 32541		2.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	D	☒ DELETE	3.1 TITLE	GD	☐ Change ☒ Addition
NAME	BARBARA NAVITSKY		3.2 NAME	ROBERT BOE	
STREET ADDRESS	19 INDIAN BAYOU DR		3.3 STREET ADDRESS	145 COUNTRY CLUB DR. WEST	
CITY-ST-ZIP	DESTIN FL 32541		3.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	S	☐ DELETE	4.1 TITLE	SCD	☐ Change ☒ Addition
NAME	LOUIS K MCMILLAN JR		4.2 NAME	BOB BLACK	
STREET ADDRESS	59 COUNTRY CLUB DRIVE E		4.3 STREET ADDRESS	106 INDIAN BAYOU DRIVE	
CITY-ST-ZIP	DESTIN FL 32541		4.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	D	☒ DELETE	5.1 TITLE	PRD	☐ Change ☒ Addition
NAME	E CLAY VICKERS		5.2 NAME	JOHN COTUMACCIO	
STREET ADDRESS	4 COOSA CJ		5.3 STREET ADDRESS	18 INDIAN BAYOU DRIVE	
CITY-ST-ZIP	DESTIN FL 32541		5.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TS 3/29/99 9472 2-74 1999 9410	

14. 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 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, with all other like empowered.

SIGNATURE: PETER H. BOS Feb 8, 1999 (850) 654-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)