

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761173

FILED
Apr 09, 2009
Secretary of State

Entity Name: INDIAN BAYOU OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

COUNTRY CLUB DR EAST
DESTIN, FL 325401208

New Principal Place of Business:

6 CAHABA COURT
DESTIN, FL 32540

Current Mailing Address:

P.O. BOX 1208
DESTIN, FL 32540

New Mailing Address:

151 MARY ESTHER BLVD.
SUITE 301
MARY ESTHER, FL 32569

FEI Number: 59-2201349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOORE, GENE
115 INDIAN BAYOU DR
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

SACHS, COLLEN
36468 EMERALD COAST PKWY
SUITE 1101
DESTIN, FL 32541 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: COLLEN SACHS

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: FLOORE, GENE
Address: 115 INDIAN BAYOU DRIVE
City-St-Zip: DESTIN, FL 32541

Title: SD () Delete
Name: BANKS, MR. STEVE
Address: 6 CAHABA COURT
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: SZCZUR, LAWRENCE
Address: 14 INDIAN BAYOU DR
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: WARD, KAREN
Address: 7 CAHABA CT
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: LEFLER, JOHN
Address: 108 INDIAN BAYOU DR.
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: ROGERS, PAT
Address: 6 INDIAN BAYOU DR.
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MCPEAK, WILLIAM
Address: 136 COUNTRY CLUB DRIVE
City-St-Zip: DESTIN, FL 32541

Title: TD (X) Change () Addition
Name: SISSON, DAVE
Address: 39 INDIAN BAYOU DRIVE
City-St-Zip: DESTIN, FL 32541

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAWRENCE SZCZUR

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date