2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004689

FILED Apr 05, 2006 Secretary of State

Entity Name: MACK BAYOU ESTATES OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1131 MACK BAYOU ROAD 24 WATERWOOD COURT

SANTA ROSA BEACH, F; 32459 SANTA ROSA BEACH, FL 32459

Current Mailing Address: New Mailing Address:

1131 MACK BAYOU ROAD 24 WATERWOOD COURT SANTA ROSA BEACH, F; 32459 SANTA ROSA BEACH, FL 32459

FEI Number: 59-3644224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCGILL, ROBERT E III HUTTO, LESLEY S

36008 EMERALD COAST PKWY

DESTIN, FL 32541 US

24 WATERWOOD COURT
SANTA ROSA BEACH, FL 32459 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: LELSEY SHAWN HUTTO 04/05/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD () Delete Title: PVD (X) Change () Addition

 Name:
 MARTIN, JOHN
 Name:
 WILLIAMS, MELANIE

 Address:
 1131 MACKBAYOU RD
 Address:
 121 RIVERCREST CIRCLE

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459
 City-St-Zip:
 SANTA ROSA BEACH, FL 32459

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 MARTIN, WANDA
 Name:
 HUTTO, LESLEY S

 Address:
 9 BLACK CORAL COVE
 Address:
 24 WATERWOOD COURT

 City-St-Zip:
 MIRAMAR BEACH, FL 32550
 City-St-Zip:
 SANTA ROSA BEACH, FL 32459

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 MCGILL, ROBERT E
 Name:
 TOWNSEND, JASON

 Address:
 56008 EMERALD COAST PKWY SUITE 301
 Address:
 195 RIVERCREST CIRCLE

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLEY SHAWN HUTTO STD 04/05/2006