2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N00000004689

1. Entity Name
MACK BAYOU ESTATES OWNER'S ASSOCIATION. INC



FILED Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90049 012 ****61.25

1111101101	TOO ESTATES SWITCHES	, 100001, 111011, 11101							
Principal Place of Business 24 WATERWOOD COURT SANTA ROSA BEACH, FL 32459		Mailing Address 24 Waterwood Court Santa Rosa Beach, FL 32459							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02152007 _C	hg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number 59-364422	24			plied For
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		8.75 Add	litional
	6. Name and Address of Current F	Registered Agent	· · · I	١.,	7. Name and Add	tress of New Ro			
HUTTO LESIEVS			Name						
HUTTO, LESLEY S 24 WATERWOOD COURT SANTA ROSA BEACH, FL 32459			Street Address		.O. Box Number is	Not Acceptable)		
			City				FL	Zip Code	е
	named entity submits this statement for	the purpose of changing its r	egistered office or	registere	d agent, or both, in	the State of Flo	rida. I am fa	miliar with,	and accept
the obligat	ions of registered agent.								
CICNIATION									
									I
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatu	re required v	when reinstating)		DATE	•	
SIGNATORE .	**	nd title if applicable. (NOTE: 9. Election Camp			- ·-	Mi	DATE ake check	payable to	•
SIGNATORE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	<u> </u>	paign Financing		\$5.00 May Be Added to Fees	1			
10.	Filling Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be	Flori	ake check da Departr	nent of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flori	ake check da Departr	nent of St	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

E OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #