

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004689

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

1 RIVERCREST CIRCLE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

4400 HIGHWAY 20 E
SUITE 312
NICEVILLE, FL 32578 US

Current Mailing Address:

PO BOX 4762
SANTA ROSA BEACH, FL 32459

New Mailing Address:

PO BOX 5263
NICEVILLE, FL 32578 US

FEI Number: 59-3644224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLPHIN DEVELOPERS, LLC
5008 HWY 98 WEST
SUITE 2B
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

LANDSBERGER, DARLANE
4400 HIGHWAY 20 E
SUITE 312
NICEVILLE, FL 32578 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: DARLANE LANDSBERGER

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, MELANIE
Address: 121 RIVERCREST CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: P () Delete
Name: GENEST, TRISH
Address: 76 TRADEWINDS
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ST () Delete
Name: COURTNEY, ALLEN
Address: PO BOX 1952
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Delete
Name: ZIEGENHAGEL, CHAD
Address: 20 WATERWOOD CT
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: GENEST, TRISH
Address: 76 TRADEWINDS
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD (X) Change () Addition
Name: COURTNEY, ALLEN
Address: PO BOX 1952
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: TRISH GENEST

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date