2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

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DOCUMENT # N0300009610 1. Entity Name GRAYTON BAYOU OWNERS ASSOCIATION, INC.				JUN 200	2-23-2006	90007 017 ****	51.25
Principal Place 4460 LEGEN DESTIN, FL	DARY DR, STE 100	Mailing Address 4460 LEGENDARY DR, STE DESTIN, FL 32541	100	go.			
Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072006 _{Cl}	ng-NP	CR2E037 (11/05)	ı
City & State		City & State		4. FEI Number 20-039245	52		Applied For Not Applicable
_Zip ~	Country	Zip	Country	5. Certificate of Si	atus Desired	\$8.75 A Fee Requi	dditional.
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New F	Registered Agent	
WATCON FRANKLIN			Name				
WATSON, FRANKLIN FRANKLIN H. WATSON, P.A. 5365 E CO HWY 30-A, SUITE 105			Street Address		Not Acceptable	θ)	
	/E BEACH, FL 32459						
			City			FL Zip Co	ode .
	named entity submits this statement foi ions of registered agent.	r the purpose of changing its regi	istered office or regist	ered agent, or both, in	the State of FI	orida. I am familiar wit	h, and accept
SIGNATURE .							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	sistered Agent signature requir	red when reinstating)		DATE	
	Signature, typed or printed name of registered agent			red when reinstating)	[365] J. F.		
	Filling Fee is \$61.25 Due by May,1, 2006	9. Etection Campai Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees			
10.	Filing Fee is \$61.25	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees	Flo	lake check payable	State
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06

(850)428-2420