

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009610

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** GRAYTON BAYOU OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4460 LEGENDARY DR, STE 100  
DESTIN, FL 32541

**New Principal Place of Business:**

5311 E CO HWY 30-A  
STE 3  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

4460 LEGENDARY DR, STE 100  
DESTIN, FL 32541

**New Mailing Address:**

5311 E CO HWY 30-A  
STE 3  
SANTA ROSA BEACH, FL 32459

FEI Number: 20-0392452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WATSON, FRANKLIN  
FRANKLIN H. WATSON, P.A.  
5365 E CO HWY 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459 US

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

PRITCHETT, WALTER R  
5311 E CO HWY 30-A  
STE 3  
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: WALTER R PRITCHETT

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RIGGS, STEPHEN C  
Address: 4460 LEGENDARY DR # 100  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D P (X) Change ( ) Addition  
Name: ROBERTS, JONATHAN  
Address: 611 AMELIA LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D V ( ) Change (X) Addition  
Name: FREEMAN, JANICE  
Address: 401 EAST PORT WASHINGTON RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ST ( ) Change (X) Addition  
Name: REYNOLDS, DAVE  
Address: 221 E MITCHELL AVE  
City-St-Zip: SNTA ROSA BEACH, FL 32459

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: WALTER R PRITCHETT

R A

04/27/2009

Electronic Signature of Signing Officer or Director

Date