


NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
IF NOT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 OCT -6 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40516 (9)
1. Corporation Name
BAYOU HARBOR OWNERS' ASSOCIATION, INC.

Principal Place of Business % GEORGE LANGFORD 1700 CAPITAL CIRCLE S.W. TALLAHASSEE FL 32310	Mailing Address % GEORGE LANGFORD 1700 CAPITAL CIRCLE S.W. TALLAHASSEE FL 32310
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2. Principal Place of Business 21 Timber Island Rd & Suite, Apt. #, etc. 22 Bayou Dr City & State 23 Carrabelle, FL Zip 24 32322		2a. Mailing Address 26 108 Ave B South Suite, Apt. #, etc. 27 PO Box 473 City & State 28 Carrabelle, FL Zip 29 32322-0629		3. Date Incorporated or Qualified 10/25/1990		3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-3140156		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent LANGFORD, GEORGE 1700 CAPITAL CIRCLE S.W. TALLAHASSEE FL 32310		10. Name and Address of New Registered Agent 81 Name Paul Marxsen 82 Street Address (P.O. Box Number is Not Acceptable) 108 Ave B South / PO Box 629 83 84 City Carrabelle, FL 85 Zip Code 32322-0629	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: PAUL MARXSEN, TREASURER Date: 9-15-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGFORD, GEORGE 1700 CAPITAL CIR S.W. TALLAHASSEE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PO Gary Reakes 1621 Bayou Dr. Carrabelle FL 32322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGSTON, GENE 4010 OLD BAINBRIDGE ROAD TALLAHASSEE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD Paul MARXsen 108 Ave B South Carrabelle, FL 32322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKISSACK, LUKE 3201 NICHOLS CANYON ROAD LOS ANGELES CA <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Jennifer Starling 4703 Ballgar Dr Tallahassee, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED NEW/DIRECTOR 9-15-97 697-2542

CR2E037 (4/97)