

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90096 015 \*\*\*\*61.25

**DOCUMENT # N40516**

1. Entity Name

**BAYOU HARBOR OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**TIMBER ISLAND RD & BAYOU DR  
 CARRABELLE FL 32322**

**108 AVE B SOUTH  
 P.O. BOX 473  
 CARRABELLE FL 32322-0473**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3140156**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARXSEN, PAUL  
 108 AVE B SOUTH  
 CARRABELLE FL 32322-0629**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	<b>D</b>	<b>REAKES, JEAN</b>	<b>1621 BAYOU DR CARRABELLE FL 32322</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>TD</b>	<b>MARXSEN, PAUL</b>	<b>108 AVE B SOUTH CARRABELLE FL 32322</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>D</b>	<b>KOLK, LAURENCE G</b>	<b>7491 SKIPPER LANE TALLAHASSEE FL 32311</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>D</b>	<b>REAKES, GARY</b>	<b>1621 BAYOU DR CARRABELLE FL 32322</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I 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 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 REQUIRED*

9-3-02

850-617-2542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)