

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40516

1. Entity Name

BAYOU HARBOR OWNERS' ASSOCIATION, INC.

Principal Place of Business

TIMBER ISLAND RD & BAYOU DR  
CARRABELLE FL 32322

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3140156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME REAKES, JEAN  
STREET ADDRESS 1621 BAYOU DR  
CITY-ST-ZIP CARRABELLE FL 32322

TITLE ☐ Delete  
NAME MARXSEN, PAUL  
STREET ADDRESS 108 AVE B SOUTH  
CITY-ST-ZIP CARRABELLE FL 32322

TITLE ☐ Delete  
NAME KOLK, LAURENCE G  
STREET ADDRESS 7491 SKIPPER LANE  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Delete  
NAME REAKES, GARY  
STREET ADDRESS 1621 BAYOU DR  
CITY-ST-ZIP CARRABELLE FL 32322

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E037 (9/01)

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 duly empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-02

850-617-2542

Date

Daytime Phone #