2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40516

FILED Sep 06, 2005 Secretary of State

Entity Name: BAYOU HARBOR OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
	SLAND RD & BAYOU DR ELLE, FL 32322			
Current N	Mailing Address:	New Maili	ing Address:	
P.O. BOX	B SOUTH . 473 ELLE, FL 323220473			
	r: 59-3140156 FEI Number Applied For() FEI N nce with s. 607.193(2)(b), F.S., the corporation did not receiv	Number Not App ve the prior notic		
Name and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
CARRABI	N, PAUL B SOUTH ELLE, FL 323220629 US e named entity submits this statement for the purpose te of Florida.	e of changing	its registered office or registered agent, or both,	
SIGNATU	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	TD () Delete MARXSEN, PAUL 108 AVE B SOUTH CARRABELLE, FL 32322	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete KOLK, LAURENCE G 7491 SKIPPER LANE TALLAHASSEE, FL 32311	Title: Name: Address: City-St-Zip:	D (X) Change () Addition KELLY, MEL 133 TIMBER LN CARRABELLE, FL 32322	
Title: Name:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition THOMPSON, MARTHA 1594 BAYOU DR CARRABELLE, FL 32322	
Address: City-St-Zip:				
	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition BURKE, PAT 1621 BAYOU DR CARRABELLE, FL 32322	
City-St-Zip: Title: Name: Address:	()Delete	Name: Address:	BURKE, PAT 1621 BAYOU DR	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL MARXSEN TD 09/06/2005