## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N40516

FILED Sep 02, 2008 Secretary of State

Entity Name: BAYOU HARBOR OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** TIMBER ISLAND RD & BAYOU DR CARRABELLE, FL 32322 **Current Mailing Address: New Mailing Address:** 108 AVE B SOUTH P.O. BOX 473 CARRABELLE, FL 323220473 FEI Number: 59-3140156 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARXSEN, PAUL 108 AVE B SOUTH CARRABELLE, FL 323220629 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MARXSEN, PAUL Name: Name: 108 AVE B SOUTH Address: Address: City-St-Zip: CARRABELLE, FL 32322 City-St-Zip: Title: ( ) Delete Title: () Change () Addition KELLY, MEL Name: Name: Address: 133 TIMBER LN Address: City-St-Zip: CARRABELLE, FL 32322 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition THOMPSON, MARTHA Name: POLLITT, GIL Name: 1594 BAYOU DR Address: Address: PO BOX 555 City-St-Zip: CARRABELLE, FL 32322 City-St-Zip: CARRABELLE, FL 32322 Title: (X) Delete Title: () Change () Addition Name: BURKE, PAT Name: Address: 1621 BAYOU DR Address: City-St-Zip: CARRABELLE, FL 32322 City-St-Zip: Title: (X) Delete Title: () Change () Addition KRAWCZUK, CHESTER Name: Name: 3645 IVY SUITE 100 Address: Address: City-St-Zip: ATLANTA, GA 30342 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SCHNIEDER, DELL SCHNEIDER, DELL Name: Name: Address: 260 TIMBER ISLAND RD Address: 260 TIMBER ISLAND RD CARRABELLE, FL 32322 CARRABELLE, FL 32322 City-St-Zip: City-St-Zip:

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: PAUL MARXSEN D 09/02/2008