

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 09, 2003 8:00 am
Secretary of State
09-09-2003 90027 042 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3140156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

9-8-03

CR2E037 (4/03)