

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 16, 2007
Secretary of State**

DOCUMENT# N00000000581

Entity Name: BAYOU PLACE OF ESCAMBIA COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 BAYOU BLVD
STE 35
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 36262
PENSACOLA, FL 325166262

New Mailing Address:

FEI Number: 59-3651697 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHALK, WESLEY
4400 BAYOU BLVD.
STE 35
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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:

Title: PRES () Delete
Name: GUY, DAVID S
Address: 8020 CAYENNE WAY
City-St-Zip: PENSACOLA, FL 32526

Title: VP () Delete
Name: JONES, JIM
Address: 2951 CREOLE WAY
City-St-Zip: PENSACOLA, FL 32526

Title: TRES () Delete
Name: HALE, TERRY
Address: 2979 CREOLE WAY
City-St-Zip: PENSACOLA, FL 32526

Title: SEC (X) Delete
Name: CALVERT, JOMICHELLE
Address: 7944 RED BEAN DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: OFCR (X) Delete
Name: KERELL, BILL
Address: 3047 CREOLE WAY
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CALVERT, JO'MICHELLE S
Address: 7944 RED BEAN DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: VP (X) Change () Addition
Name: KERRELL, BILL
Address: 3043 CREOLE WAY
City-St-Zip: PENSACOLA, FL 32526

Title: SEC (X) Change () Addition
Name: CAMPOSAGRADO, JESSIE
Address: 8004 CAYENNE WAY
City-St-Zip: PENSACOLA, FL 32526

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JO'MICHELLE CALVERT

PRES

10/16/2007

Electronic Signature of Signing Officer or Director

_____ Date