

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90017 013 \*\*\*\*61.25



**DOCUMENT # N00000000581**  
 1. Entity Name  
 BAYOU PLACE OF ESCAMBIA COUNTY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business  
 4400 BAYOU BLVD  
 STE 35  
 PENSACOLA, FL 32503

Mailing Address  
 P.O. BOX 36262  
 PENSACOLA, FL 32516-6262

2. Principal Place of Business - No P.O. Box #  
 429 S NAVY BLVD  
 Suite, Apt. #, etc.  
 C/O MYHOMESPOT.COM

3. Mailing Address  
 429 S NAVY BLVD  
 Suite, Apt. #, etc.  
 C/O MYHOMESPOT.COM

City & State  
 PENSACOLA, FL

City & State  
 PENSACOLA, FL

Zip  
 32507

Country  
 US

Zip  
 32507

Country  
 US

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-3651697

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 DORSEY, GLENN

Street Address (P.O. Box Number is Not Acceptable)  
 429 S NAVY BLVD

City  
 PENSACOLA

FL

Zip Code  
 32507

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CALVERT, JO'MICHELLE S 7944 RED BEAN DRIVE PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KERRELL, BILL 3043 CREOLE WAY PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CAMPOSAGRADO, JESSIE 8004 CAYENNE WAY PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_ Date: 8/21/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

854 453-5555  
 Daytime Phone #