2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000581

FILED Feb 23, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 429 S NAVY BLVD C/O MYHOMESPOT.COM PENSACOLA, FL 32507 **New Mailing Address: Current Mailing Address:** 429 S NAVY BLVD C/O MYHOMESPOT.COM PENSACOLA, FL 32507 FEI Number: 59-3651697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DORSEY, GLENN GLENN DORSEY, INC 429 S NAVY BLVD 429 S NAVY BLVD PENSACOLA, FL 32507 PENSACOLA, FL 32507 US 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: GLENN DORSEY 02/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition CALVERT, JO'MICHELLE S Name: Name: 7944 RED BEAN DRIVE Address: Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: Title: Title: VΡ (X) Change () Addition () Delete KERRELL, BILL Name: PALESTINI, MARK Name: Address: 3043 CREOLE WAY Address: 7984 CAYENNE WAY City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32526 Title: () Delete Title: SEC (X) Change () Addition CAMPOSAGRADO, JESSIE MARTIN, JIM Name: Name: Address: 8004 CAYENNE WAY Address: 2967 CREOLE WAY City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32526 Title: Title: () Change (X) Addition () Delete GLASSCOCK, JIM Name: Name: Address: Address: 2998 CREOLE WAY City-St-Zip: City-St-Zip: PENSACOLA, FL 32526 Title: () Delete Title: () Change (X) Addition TRAINER, NANCY Name: Name: 7918 CAYENNE WAY Address: Address: City-St-Zip: City-St-Zip: PENSACOLA, FL 32526

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 P 02/23/2009