

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 19, 2009  
Secretary of State

DOCUMENT# N01000004118

Entity Name: BOTANY BAYOU HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

72 GRAND FLORA WAY  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6615  
MIRAMAR, FL 32550 US

**New Mailing Address:**

FEI Number: 59-3724948      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:**

NEWMAN, RAYMOND F JR.  
348 MIRACLE STRIP PARKWAY SW  
PARADISE VILLAGE, SUITE 7  
FORT WALTON BEACH, FL 32548 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: D/P ( ) Delete  
Name: DOYLE, GARY  
Address: 72 GRAND FLORA WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: DVP ( ) Delete  
Name: CARLEE, DAVID  
Address: 40 GRAND FLORA WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D/T ( ) Delete  
Name: AVERA, LARRY  
Address: 120 BOTANY BLVD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D/S ( ) Delete  
Name: GARDNER, MARY  
Address: 469 BOTANY BLVD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: BM ( ) Delete  
Name: ALLEN, COURTNEY  
Address: 56 CORTE PALMA  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: BM ( ) Delete  
Name: WILLIAMS, STEVE  
Address: 156 GRAND FLORA WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: LARRY O. AVERA

D/T

05/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date