

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009612

FILED  
Mar 26, 2012  
Secretary of State

Entity Name: BAYOU LANDINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10221 EMERALD COAST PARKWAY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

10221 EMERALD COAST PARKWAY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

FEI Number: 51-0483313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GELDER, JAY B  
10221 EMERALD COAST PARKWAY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 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: PD  
Name: WILDE, KENNETH D  
Address: 10221 EMERALD COAST PKWY. W, SUITE 23  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: VPD  
Name: MARTIN, KATHY  
Address: 10221 EMERALD COAST PKWY. W, SUITE 23  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: SCTR  
Name: HERRICK, JANEL  
Address: 10221 EMERALD COAST PKWY. W, SUITE 23  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D  
Name: GABRIELSON, REID  
Address: 10221 EMERALD COAST PKWY. W, SUITE 23  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D  
Name: HUFFMAN, SHEILA  
Address: 10221 EMERALD COAST PKWY. W, SUITE 23  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: D  
Name: SARGENT, BETH  
Address: 10221 EMERALD COAST PKWY W, SUITE 23  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

I hereby 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 all other like empowered.

SIGNATURE: KENNETH WILDE

PD

03/26/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date