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

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

429 S NAVY BLVD PENSACOLA, FL 32507

Current Mailing Address:

DOCUMENT# N0000000581

429 S NAVY BLVD PENSACOLA, FL 32507

FEI Number: 59-3651697

Name and Address of Current Registered Agent:

C/O MYHOMESPOT.COM 429 S NAVY BLVD PENSACOLA, FL 32507 US Certificate of Status Desired: No

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

Officer/Director Detail :

| | Title | PRESIDENT | Title | SECRETARY |
|--|-----------------|------------------------|-----------------|-------------------------|
| | Name | SINGLETON, INGRID | Name | PARKINSON, NEVILLE |
| | Address | 3027 CREOLE WAY | Address | 3023 CREOLE WAY |
| | City-State-Zip: | PENSACOLA FL 32526 | City-State-Zip: | PENSACOLA FL 32526 |
| | | | | |
| | | | | |
| | Title | VP | Title | TREASURER |
| | Title Name | VP ELLIOT , HENRY V | Title Name | TREASURER KISOR, DAN |
| | | | | |
| | Name | ELLIOT , HENRY V | Name | KISOR, DAN |

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: INGRID SINGLETON

PRESIDENT

Date

Electronic Signature of Signing Officer/Director Detail

