

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000581

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC8546549774**

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

**Current Principal Place of Business:**

4505 WOODBINE RD  
PACE, FL 32571

**Current Mailing Address:**

4505 WOODBINE RD  
PACE, FL 32571 US

**FEI Number: 59-3651697**

**Certificate of Status Desired: No**

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

C/O MYHOMESPOT.COM  
4505 WOODBINE RD  
PACE, FL 32531 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SINGLETON, INGRID  
Address        3027 CREOLE WAY  
City-State-Zip: PENSACOLA FL 32526

Title            SECRETARY  
Name            PARKINSON, NEVILLE  
Address        3023 CREOLE WAY  
City-State-Zip: PENSACOLA FL 32526

Title            VP  
Name            ELLIOT , HENRY V  
Address        7905 RED BEAN DR  
City-State-Zip: PENSACOLA FL 32526

Title            TREASURER  
Name            KISOR, DAN  
Address        3031 CREOLE WAY  
City-State-Zip: PENSACOLA FL 32526

*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**

**03/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date