

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001561

**Entity Name:** BAYOU PASS VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.**FILED**  
**Mar 05, 2013**  
**Secretary of State**  
**CC3128532447****Current Principal Place of Business:**409 COLLEGE AVE. E.  
RUSKIN, FL 33570**Current Mailing Address:**P.O BOX 615  
RUSKIN, FL 33575**FEI Number: 59-3803325****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TRIMMER, CHRISTINE M  
409 COLLEGE AVE. E.  
RUSKIN, FL 33570 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:** CHRISTINE M. TRIMMER**03/05/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title P  
Name PFEIFFER, EARL  
Address PO BOX 615  
City-State-Zip: RUSKIN FL 33575Title VP  
Name LATORRE, PABLO  
Address PO BOX 615  
City-State-Zip: RUSKIN FL 33575Title TREASURER  
Name MONIZ, ANN  
Address PO BOX 615  
City-State-Zip: RUSKIN FL 33570Title D  
Name ORNELAS, JESSE  
Address PO BOX 615  
City-State-Zip: RUSKIN FL 33575Title S  
Name CLIFF, PAUL  
Address PO BOX 615  
City-State-Zip: RUSKIN FL 33575Title DIRECTOR  
Name HUGHES, DOUGLAS  
Address PO BOX 615  
City-State-Zip: RUSKIN FL 33575Title DIRECTOR  
Name SMITH, JESSICA  
Address P.O BOX 615  
City-State-Zip: RUSKIN FL 33575

*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:** EARL PFEIFFER**PRESIDENT****03/05/2013**

Electronic Signature of Signing Officer/Director Detail

Date