

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 184569

1. Entity Name

BAYOU DWELLERS CABANA COLONY INC



Principal Place of Business

**460 ABALONE COURT
FORT WALTON BEACH, FL 32528 US**

Mailing Address

**583 MOONEY ROAD
FORT WALTON BEACH, FL 32547 US**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2509589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, BENJAMIN F
569 LOMBRE CIR N.E.
FT WALTON BEACH, FL 32547**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000789982
01/23/08-80015-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TIPLER, FRANK
STREET ADDRESS	74 SPANISH FOR BLVD
CITY-ST-ZIP	NEW ORLEANS, LA 70124
TITLE	VP
NAME	GORDON, MARIE
STREET ADDRESS	85 SCOTLANDS
CITY-ST-ZIP	HAMPSTEAD, NC 28443
TITLE	D
NAME	HEDDEN, LARRY H.
STREET ADDRESS	4023 DOTSON DR
CITY-ST-ZIP	HUNTSVILLE, AL 35802
TITLE	D
NAME	SULLIVAN, J. NADINE
STREET ADDRESS	583 MOONEY RD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	STD
NAME	ANDERSON, EDWIN
STREET ADDRESS	5959 JARED COURT
CITY-ST-ZIP	SATSUMA, AL 36572
TITLE	PD
NAME	ANDERSON, BENJAMIN F
STREET ADDRESS	569 LOMBRE CIR NE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edwin Anderson **Edwin Anderson** 1/16/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

251 234-0148