

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184569

FILED
Jan 17, 2009
Secretary of State

Entity Name: BAYOU DWELLERS CABANA COLONY INC

Current Principal Place of Business:

460 ABALONE COURT
FORT WALTON BEACH, FL 32528 US

New Principal Place of Business:

Current Mailing Address:

583 MOONEY ROAD
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-2509589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TIPLER, FRANK
Address: 74 SPANISH FOR BLVD
City-St-Zip: NEW ORLEANS, LA 70124

Title: VP () Delete
Name: GORDON, MARIE
Address: 85 SCOTLANDS
City-St-Zip: HAMPSTEAD, NC 28443

Title: D () Delete
Name: HEDDEN, LARRY H.,
Address: 4023 DOTSON DR
City-St-Zip: HUNTSVILLE, AL 35802

Title: D () Delete
Name: SULLIVAN, J. NADINE
Address: 583 MOONEY RD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: STD () Delete
Name: ANDERSON, EDWIN,
Address: 5959 JARED COURT
City-St-Zip: SATSUMA, AL 36572

Title: PD () Delete
Name: ANDERSON, BENJAMIN F
Address: 569 LOMBRE CIR NE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ECHOLS, HUNTER
Address: 4540 SABINE DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN ANDERSON

STD

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date