## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR) DOCUMENT # 718102** 1. Entity Name BAYOU CONDOMINIUM APARTMENTS WEST ASSOCIATION, INC.

## **FILED** Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90265 044 \*\*\*\*61.25

| Principal Place   | e of Business   | Mailing Address  |  |                                       |                      |   |  |
|---|---|--|--|---------------------------------------|----------------------|---|--|
| 2800 OCEAN DR 2800 OCEAN D VERO BEACH FL 32963 VERO BEACH US US   |   | C/O BREFFNI MGMT<br>2800 OCEAN DR<br>VERO BEACH FL 32963<br>US |  |                                       |                      |   |  |
| 2. Principal Place of Business 2925 Cardenal Duve 2925 Cardena  |   |  | anderal D  | uu                                    |                      |   |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite C   |   |  | _  | 1st MOORE                             | CR2E037 (            | 10/05)                                  |  |
| City & State  | oBead Horda   | City & State Sea   | 1 11   | 4. FEI Number 59-1373                 | 113                  |   | plied For<br>t Applicable              |
| Zip 30.6  | 163 Country 814   | zip<br>32-963  | Country USTA   | 5. Certificate of Status Desire       |                      | <b>8.75</b> Addie Required              |  |
|   | 6. Name and Address of Current R  |  |  | 7. Name and Address of Ne             | w Registered Age     | ent                                     |  |
| ļ   |   |  | Name   |                                       |                      |   |  |
| BREFFNI MANAGEMENT 2800 OCEAN DRIVE   |   |  | Street Address (P.O. Box Number in Not Acceptable)   |                                       |                      |   |  |
| STE<br>VER  | O BEACH FL 3296   |  | Gir. /   | 0 1                                   |                      | Zio Code                                |  |
|   |   |  | CityVoco   | Blah                                  | FL                   | Zip Code                                | 963                                    |
|   | named entity submits this statement for   | the purpose of changing its reg                                | istered office or regis  | tered agent, or both, in the State of | of Florida. I am fan | niliar with,                            | and accept                             |
| the obligat   | tions of registered agent.  | c0   |  |                                       |                      |   | ,                                      |
| SIGNATURE   | fatria W  | Creens   |  |                                       | 3-1-                 | 5.06                                    | ,<br>,                                 |
| Sidikatone.   | Signature, typed or printed name of registered agent as   | rid little if applicable (NOTE: Re                             | gistered Agent signature requi   | red when reinstating)                 | DATE                 |   |  |
|   | FILE NOW: FEE IS \$61.25  | 9. Election Campa  | ion Financing  | \$5.00 May Be                         | Make Check           | Pavahle                                 |  |
|   | Due By May 1, 2006  | Trust Fund Con   |  | Added to Fees                         | orida Departm        |   |  |
|   |   | Trust Fund Con   |  | Added to Fees FI                      | orida Departm        | nent of S                               | tate                                   |
|   | OFFICERS AND DIR  | Trust Fund Con   | tribution.   | Added to Fees                         | orida Departm        | nent of S                               | tate                                   |
| 10.  TITLE  NAME  | Due By May 1, 2006  OFFICERS AND DIR PD BEARD, CARTER   | Trust Fund Con   | 11. TITLE NAME   | Added to Fees                         | orida Departm        | ctors in                                | tate<br>10                             |
| 10. TITLE NAME STREET ADDRESS   | OFFICERS AND DIR PD BEARD, CARTER 40 RENAELAER ROAD   | Trust Fund Con   | 11. TITLE NAME STREET ADDRESS  | Added to Fees                         | orida Departm        | ctors in                                | tate<br>10                             |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIR PD BEARD, CARTER 40 RENAELAER ROAD ESSEX FELLS NJ 07021  | Trust Fund Con   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Added to Fees                         | orida Departm        | CTORS IN Change                         | 10 Addition                            |
| 10. TITLE NAME STREET ADDRESS   | OFFICERS AND DIR PD BEARD, CARTER 40 RENAELAER ROAD   | Trust Fund Con   | 11. TITLE NAME STREET ADDRESS  | Added to Fees                         | orida Departm        | ctors in                                | tate<br>10                             |
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| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | OFFICERS AND DIR PD BEARD, CARTER 40 RENAELAER ROAD ESSEX FELLS NJ 07021 V ECKER, DEBORAH   | Trust Fund Con   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | Added to Fees                         | Orida Departm        | CTORS IN Change Change                  | 10 Addition                            |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | OFFICERS AND DIR PD BEARD, CARTER 40 RENAELAER ROAD ESSEX FELLS NJ 07021 V ECKER, DEBORAH 550 RIOMAR DR VERO BEACH FL 32963 AS                                  | Trust Fund Con   | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Added to Fees                         | Orida Departm        | CTORS IN Change                         | 10 Addition                            |
| TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | OFFICERS AND DIR PD BEARD, CARTER 40 RENAELAER ROAD ESSEX FELLS NJ 07021 V ECKER, DEBORAH 550 RIOMAR DR VERO BEACH FL 32963 AS MCENERNY, PATRICIA               | Trust Fund Con   | 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Added to Fees                         | Orida Departm        | CTORS IN Change Change                  | 10 Addition                            |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3-15-06

231-7804