2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 723178

Entity Name: THE BAYOU ASSOCIATION INC,

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-1704161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MOON, ERNIE
Address: 8526 BUCKI LANE
City-St-Zip: WILLOW SPRINGS, IL 60480

Title: VPD ( ) Delete
Name: ULIANO, PETER
Address: 522 PINE AVE #6B
City-St-Zip: ANNA MARIA, FL 34216

Title: D ( ) Delete
Name: CUNNINGHAM, JOHN
Address: PO BOX 1447
City-St-Zip: VINEYARD HAVEN, MA 02568

Title: TD ( ) Delete
Name: SAMMER, EDWIN
Address: 522 PINE AVE #6C
City-St-Zip: ANNA MARIA, FL 34216

Title: SD ( ) Delete
Name: BRADY, DIANE
Address: 522 PINE AVE #6A
City-St-Zip: ANNA MARIA, FL 34216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOON, ERNIE
Address: 8526 BUCKI LANE
City-St-Zip: WILLOW SPRINGS, IL 60480

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

Title: D (X) Change ( ) Addition
Name: CUNNINGHAM, JOHN
Address: 522 PINE AVE #2A
City-St-Zip: ANNA MARIA, FL 34216

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNIE MOON PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date