

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90039 001 \*\*\*\*32.46  
01-29-2008 90039 002 \*\*\*\*28.79

**DOCUMENT #740355**

1. Entity Name  
BAYOU VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

Mailing Address  
215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

**66000413**



2. Principal Place of Business - No P.O. Box #  
12273 US Hwy 98

3. Mailing Address  
12273 US Hwy 98

Suite, Apt. #, etc.  
208

Suite, Apt. #, etc.  
208

01032008 Chg-NP CR2E037 (12/06)

City & State  
Destin, FL

City & State  
Destin, FL

4. FEI Number  
59-1751034

Applied For  
Not Applicable

Zip  
32550

Country  
US

Zip  
32550

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORMLEY, TERRY P  
215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550

Name  
Barry Lambert

Street Address (P.O. Box Number is Not Acceptable)  
12273 US Hwy 98

Suite 208

City  
Destin

FL

Zip Code  
32550

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-08

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BRUCE, DEBBIE  
214 HEARN ROAD  
LAGRANGE, GA 30240 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
STEVENS, WALTER  
5421 COACH ROAD  
BOSSIER CITY, LA 71111 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEWART, JO  
3429 CLUB ESTATES DR  
MIRAMAR BEACH, FL 32550 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
DORSEY, JOSEPH C  
2647 POPLAR LAKE TRAIL  
ATLANTA, GA 30360 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DEATON, ANDY JR  
7025 S POLO HILL  
CUMMING, GA 30040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WARE, BILLY  
1116 MILBROOK RD  
DOTHAN, AL 36030 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
PO Box 921909  
Norcross, GA 30090-1909 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1817 S. Lakeshore Dr.  
Birmingham, AL 35216 ☒ Change ☐ Addition

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 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 I am empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-08