

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90010 037 *****61.25

DOCUMENT # 770552

1. Entity Name

KIDD BAYOU OAKS OWNERS' ASSOCIATION, INC.



Principal Place of Business

250 - 280 KIDD ST
P O BOX 1422
FT WALTON FL 32548
US

Mailing Address

P.O. BOX 1422
FT. WALTON BEACH FL 32549-1422

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2341709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAINTER, HUGH
268 KIDD ST
FT. WALTON BCH FL 32548

7. Name and Address of New Registered Agent

Name Norman Powell

Street Address (P.O. Box Number is Not Acceptable)
266 Kidd St.

City Ft Walton Bch

FL

Zip Code
32548

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

Norman L. Powell, Treasurer

2/5/07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BAINTER, HUGH	
STREET ADDRESS	268 KIDD ST	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POWELL, NORM	
STREET ADDRESS	266 KIDD STREET	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALSTON, JAMES	
STREET ADDRESS	272 KIDD STREET	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KOCH, CAROL	
STREET ADDRESS	260 KIDD ST	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBLESS, EARL	
STREET ADDRESS	276 KIDD STREET	
CITY-ST-ZIP	FT. WALTON BCH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alston, James	
STREET ADDRESS	272 Kidd St	
CITY-ST-ZIP	Ft Walton Bch, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Strange, Sara	
STREET ADDRESS	278 Kidd St	
CITY-ST-ZIP	Ft Walton Bch, FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chamblless, Earl	
STREET ADDRESS	276 Kidd St	
CITY-ST-ZIP	Ft Walton Bch, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Norman L. Powell, Treasurer

2/5/07

(850) 978-1309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #