

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770552

FILED
Jan 23, 2009
Secretary of State

Entity Name: KIDD BAYOU OAKS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

250 - 280 KIDD ST
FT WALTON, FL 32548 US

Current Mailing Address:

P.O. BOX 1422
FT. WALTON BEACH, FL 325491422

New Mailing Address:

FEI Number: 59-2341709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFEIFER, EDWARD
256 KIDD ST.
FORT WALTON BEACH, FL 32548 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: PD () Delete
Name: ALSTON, JAMES
Address: 272 KIDD STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: PFEIFER, EDWARD
Address: 256 KIDD ST.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: HORVATH, BETTY
Address: 250 KIDD ST.
City-St-Zip: FT. WALTON BCH, FL

Title: SD () Delete
Name: STRANGE, SARA
Address: 278 KIDD STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD () Delete
Name: CARTER, AUDIE
Address: 264 KIDD ST.
City-St-Zip: FT. WALTON BCH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VD (X) Change () Addition
Name: STRANGE, SARA
Address: 278 KIDD STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD (X) Change () Addition
Name: CHAMBLESS, ALYSSA
Address: 276 KIDD ST.
City-St-Zip: FT. WALTON BCH, FL 32548

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: EDWARD PFEIFER

TD

01/23/2009

Electronic Signature of Signing Officer or Director

Date