

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004118

FILED
May 19, 2009
Secretary of State

Entity Name: BOTANY BAYOU HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

72 GRAND FLORA WAY
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6615
MIRAMAR, FL 32550 US

New Mailing Address:

FEI Number: 59-3724948 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NEWMAN, RAYMOND F JR.
348 MIRACLE STRIP PARKWAY SW
PARADISE VILLAGE, SUITE 7
FORT WALTON BEACH, FL 32548 US

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: D/P () Delete
Name: DOYLE, GARY
Address: 72 GRAND FLORA WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: DVP () Delete
Name: CARLEE, DAVID
Address: 40 GRAND FLORA WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D/T () Delete
Name: AVERA, LARRY
Address: 120 BOTANY BLVD
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D/S () Delete
Name: GARDNER, MARY
Address: 469 BOTANY BLVD
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: BM () Delete
Name: ALLEN, COURTNEY
Address: 56 CORTE PALMA
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: BM () Delete
Name: WILLIAMS, STEVE
Address: 156 GRAND FLORA WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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

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: LARRY O. AVERA

D/T

05/19/2009

Electronic Signature of Signing Officer or Director

Date