
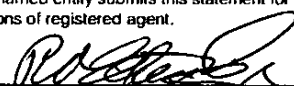



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 26 AM 9: 37

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| DOCUMENT # N01000004897 1. Entity Name RUSSELL BAYOU HOMEOWNERS ASSOCIATION, INC. | |  |
| Principal Place of Business 4300 BAYOU BLVD STE 21 PENSACOLA, FL 32503 | | Mailing Address 4300 BAYOU BLVD STE 21 PENSACOLA, FL 32503 |
| 2. Principal Place of Business - No P.O. Box # 908 GARDENGATE CIR Suite, Apt. #, etc. | | 3. Mailing Address 908 GARDENGATE CIR Suite, Apt. #, etc. |
| City & State PENSACOLA, FL | | City & State PENSACOLA, FL 32504 |
| Zip 32504 | Country US | 4. FEI Number 54-2098635 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent DENNISON, DEAN F 4300 BAYOU BLVD STE 21 PENSACOLA, FL 32503 | | 7. Name and Address of New Registered Agent Name: RAY D ETHERIDGE Street Address (P.O. Box Number is Not Acceptable): 908 GARDENGATE CIR. City: PENSACOLA FL Zip Code: 32504 |
| 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:  DATE: 8/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consisting)</small> | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE: DP NAME: COLLEY, MARSHALL O STREET ADDRESS: 102 NIGHTENGALE LANE CITY-ST-ZIP: GULF BREEZE, FL 32561 <input checked="" type="checkbox"/> Delete | TITLE: DP NAME: KEITH JOHNSON STREET ADDRESS: 913 Catskill Lane CITY-ST-ZIP: Pensacola, FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: DST NAME: DENNISON, DEAN F STREET ADDRESS: 1154 ELLISON DRIVE CITY-ST-ZIP: PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete | TITLE: DV NAME: ROBERT RANDALL STREET ADDRESS: P.O. BOX 151 CITY-ST-ZIP: Point Clear, AL 36564 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: D NAME: COLLINS, KATHY F STREET ADDRESS: 3910 LANGLEY AVENUE CITY-ST-ZIP: PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete | TITLE: DST NAME: JACKIE WINKELMAN STREET ADDRESS: 16277 Narwhal DR. CITY-ST-ZIP: Pensacola, FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: DV NAME: FAYETTE, DENNISON STREET ADDRESS: 1921 SEVILLE DRIVE CITY-ST-ZIP: PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete | TITLE: D NAME: JEFF M McCaskill STREET ADDRESS: 16245 Innerarity Point Rd. CITY-ST-ZIP: Pensacola, FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete | TITLE: D NAME: HAROLD SPEIR STREET ADDRESS: 30 Lauderdale Street CITY-ST-ZIP: Selma, AL 36701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete | TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered. | | |
| SIGNATURE:  KEITH JOHNSON PRESIDENT | | Date: 9/14/08 Daytime Phone #: 850-453-4700 |