## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004897

FILED Apr 22, 2009 Secretary of State

Entity Name: RUSSELL BAYOU HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 908 GARDENGATE CIRCLE PENSACOLA, FL 32504 **Current Mailing Address: New Mailing Address:** 908 GARDENGATE CIRCLE PENSACOLA, FL 32504 US FEI Number: 54-2098635 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ETHERIDGE, RAY O 908 GARDENGATE CIRCLE PENSACOLA, FL 32504 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP (X) Change ( ) Addition () Delete JOHNSON, KEITH JOHNSON, KEITH Name: Name: 913 CATSKILL LANE Address: 913 CATSKILL LANE Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507 Title: () Delete Title: (X) Change ( ) Addition RANDALL, ROBERT Name: RANDALL, ROBERT Name: Address: P.O. BOX 151 Address: P.O. BOX 151 City-St-Zip: POINT CLEAR, AL 36564 City-St-Zip: POINT CLEAR, AL 36564 Title: DST () Delete Title: (X) Change ( ) Addition WINKELMAN, JACKIE F WINKELMAN, JACKIE F Name: Name: 16277 NARWHAL DR 16277 NARWHAL DRIVE Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507 ( ) Delete Title: Title: () Change () Addition Name: MCCASKILL, JEFF Name: 16245 INNERARITY POINT RD Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: Title: Title: () Delete () Change () Addition SPEIR, HAROLD Name: Name: 30 LAUDERDALE STREET Address: Address: City-St-Zip: SELMA, AL 36701 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: RAY O. ETHERIDGE RA 04/22/2009