

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90433 012 \*\*\*\*61.25

<b>DOCUMENT # N02000000703</b>					
<b>1. Entity Name</b> BAYOU TARKILN PLANTATION HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3305 PITCHER POINT CIRCLE PENSACOLA, FL 32506 US			<b>Mailing Address</b> 3305 PITCHER POINT CIRCLE PENSACOLA, FL 32506 US		
<b>2. Principal Place of Business</b> 3411 PITCHER PLANT CIR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3411 PITCHER PLANT CIR Suite, Apt. #, etc.			
<b>City &amp; State</b> PENSACOLA FL.		<b>City &amp; State</b> PENSACOLA FL.		<b>4. FEI Number</b> 59-3723550	
<b>Zip</b> 32506		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> COOLEY, SUSAN 3305 PITCHER PLANT CIRCLE PENSACOLA, FL 32506			<b>7. Name and Address of New Registered Agent</b> Name: PAUL TOPPER Street Address (P.O. Box Number is Not Acceptable): 3411 PITCHER PLANT CIR City: PENSACOLA FL Zip Code: 32506		
<b>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.</b>					
SIGNATURE: <u>P. Topper</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>P. TOPPER</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>		<u>4.27.05</u> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> COOLEY, SUSAN <b>STREET ADDRESS</b> 3305 PITCHER PLANT CIRCLE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input type="checkbox"/> Delete		<b>TITLE</b> PRES. <b>NAME</b> BRIAN MORGAN <b>STREET ADDRESS</b> 3363 PITCHER PLANT CIR. <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> FELDMAN, JOSH <b>STREET ADDRESS</b> 3387 PITCHER PLANT CIRCLE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> BOB STEER <b>STREET ADDRESS</b> 3366 PITCHER PLANT C.R. <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> MUSCHA, TAMARA <b>STREET ADDRESS</b> 3353 PITCHER PLANT CIRCLE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input type="checkbox"/> Delete		<b>TITLE</b> S/TREAS. <b>NAME</b> PAUL TOPPER <b>STREET ADDRESS</b> 3411 PITCHER PLANT C.R. <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PAYNE, JIM <b>STREET ADDRESS</b> 3321 PITCHER PLANT CIRCLE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> RANDY SCOTT <b>STREET ADDRESS</b> 3354 PITCHER PLANT C.R. <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> B.J. HARGER <b>STREET ADDRESS</b> 3293 PITCHER PLANT C.R. <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>P. Topper</u>		<u>P. TOPPER</u>		<u>4.27.05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<u>850 492 2482</u> <small>Daytime Phone #</small>	