

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90055 049 ****61.25

DOCUMENT # N02000003930

1. Entity Name

BAYOU HIGHLAND NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**P. O. BOX 3057
ST. PETERSBURG FL 33731**

Mailing Address

**P. O. BOX 3057
ST. PETERSBURG FL 33731**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3734503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARLING, MARY
4616 AZALEA WAY SOUTH
ST. PETERSBURG FL 33705**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DARLING, MARY | |
| STREET ADDRESS | 4616 AZALEA WAY SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33705 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | COLLINS, GARY | |
| STREET ADDRESS | 647 SOUTH AVE. SO. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33731 | |
| TITLE | SD TD | <input type="checkbox"/> Delete |
| NAME | PORTERFIELD, DONNA | <i>Change Treasurer</i> |
| STREET ADDRESS | 695 52ND AVE. SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33705 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LESCH, PEGGY | <i>Change Secretary</i> |
| STREET ADDRESS | 556 JASMICAWAY SOUTH | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33705 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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.

SIGNATURE: MARY DARLING *Mary Darling* **2-8-05** **727-865-1621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #