


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90161 008 ****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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent DARLING, MARY 4616 AZALEA WAY SOUTH ST. PETERSBURG FL 33705 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DARLING, MARY | | NAME | | |
| STREET ADDRESS | 4616 AZALEA WAY SOUTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33705 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COLLINS, GARY | | NAME | VD COLLINS, GARY | |
| STREET ADDRESS | 647 SOUTH AVE. SO. | | STREET ADDRESS | 647 50 AVE SO | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33731 | | CITY-ST-ZIP | ST. PETERSBURG, FL 33705 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PORTERFIELD, DONNA | | NAME | | |
| STREET ADDRESS | 695 52ND AVE. SOUTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33705 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LESCH, PEGGY | | NAME | SD LESCH, PEGGY | |
| STREET ADDRESS | 556 JASMICAWAY SOUTH | | STREET ADDRESS | 556 JASMINE WAY SO | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33705 | | CITY-ST-ZIP | ST. PETERSBURG, FL 33705 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Donna Porterfield TD* 4-25-06 727-6866984