2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003930

FILED Feb 25, 2008 Secretary of State

Entity Name: BAYOU HIGHLAND NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4616 AZALEA WAY SOUTH 546 LAKE MAGGIORE BLVD SOUTH SAINT PETERSBURG, FL 33705 SAINT PETERSBURG, FL 33705

Current Mailing Address: New Mailing Address:

4616 AZALEA WAY SOUTH 546 LAKE MAGGIORE BLVD SOUTH SAINT PETERSBURG, FL 33705 SAINT PETERSBURG, FL 33705

FEI Number: 59-3734503 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:

DARLING, MARY

4616 AZALEA WAY SOUTH
ST. PETERSBURG, FL 33705 US

BRECKENRIDGE, HEATHER R MRS.
546 LAKE MAGGIORE BLVD SOUTH
ST. PETERSBURG, FL 33705 US

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: HEATHER R. BRECKENRIDGE 02/25/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:DARLING, MARYName:BRECKENRIDGE, HEATHER RAddress:4616 AZALEA WAY SOUTHAddress:546 LAKE MAGGIORE BLVD SOUTHCity-St-Zip:ST. PETERSBURG, FL 33705City-St-Zip:ST. PETERSBURG, FL 33705

Title: VD () Delete Title: () Change () Addition

 Name:
 COLLINS, GARY
 Name:

 Address:
 647 50 AVE S
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33705
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 PORTERFIELD, DONNA
 Name:

 Address:
 695 52ND AVE. SOUTH
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33705
 City-St-Zip:

 Name:
 LESCH, PEGGY
 Name:
 RITTER, DENISE

 Address:
 556 JASMINE WAY S
 Address:
 632 JASMINE WAY S

City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: SAINT PETERSBURG, FL 33705

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: HEATHER R. BRECKENRIDGE PRES 02/25/2008

Electronic Signature of Signing Officer or Director

Date