


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90009 041 ****61.25

DOCUMENT # N03000002512			
1. Entity Name BAYOU OAKS OWNERS' ASSOCIATION, INC.			
Principal Place of Business 1233 HUNTINGTON RIDGE ROAD LYNN HAVEN, FL 32444		Mailing Address 1233 HUNTINGTON RIDGE ROAD LYNN HAVEN, FL 32444	
2. Principal Place of Business <i>4403 Bayou Oaks Dr</i>		3. Mailing Address <i>4403 Bayou Oaks Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Panama City FL</i>		City & State <i>Panama City FL</i>	
4. FEI Number 33-1059719		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APPLEBAUM, STEVEN L 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407		7. Name and Address of New Registered Agent Name: <i>Ron Putman</i> Street Address (P.O. Box Number is Not Acceptable): <i>4403 Bayou Oaks Drive</i> City: <i>Panama City</i> FL Zip Code: <i>32404</i>	
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: <i>Ron Putman</i>		DATE: <i>2-27-06</i>	
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	DV PUTMAN, RON 1233 HUNTINGTON RIDGE ROAD LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4403 Bayou Oaks Dr Panama City FL 32404</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREGORY, JEFF PO BOX 15414 PANAMA CITY, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PUTMAN, ANITA 1233 HUNTINGTON RIDGE ROAD LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4403 Bayou Oaks Dr Panama City FL 32404</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ron Putman* DATE: *2-27-06* (850)5227166