


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000005224

1. Entity Name
BAYOU VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

2915 SR 590 STE 21 **2915 SR 590 STE 21**
CLEARWATER, FL 33759 **CLEARWATER, FL 33759**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
05-0573030 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUEEN, GARY F
2915 SR 590 STE 21
CLEARWATER, FL 33759

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUEEN, GARY F
STREET ADDRESS	2915 SR 590 STE 21
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	ST
NAME	GRIMMER, DANIEL
STREET ADDRESS	2915 SR 590 STE 20
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D
NAME	LOOKER, THOMAS
STREET ADDRESS	2915 SR 590 STE 20
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/26/06-80120-008 61.25

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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: *Daniel Grimmer* 4/10/06 727-726-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #