

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90035 017 ****61.25

DOCUMENT # N03621

1. Entity Name

THE BAYOU CLUB PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

100 BAYOU DR
SATSUMA FL 32189
US

Mailing Address

124 BAYOU DRIVE
SATSUMA FL 32189
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2932427

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

RARDON, DONALD
135 BAYOU DRIVE
SATSUMA FL 32189

Name

SAMUEL L. ROZIER

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

139 BAYOU DR

City

SATSUMA

FL

Zip Code

32189

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

SAMUEL L. ROZIER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-04-2008

FILE NOW: FEE IS \$61.25

Due By: May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Delete
NAME	SHINE, JAMES D PRES,	
STREET ADDRESS	124 BAYOU DRIVE	
CITY- ST- ZIP	SATSUMA FL 32189	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MINCEY, AL VP	
STREET ADDRESS	124 BAYOU DRIVE	
CITY- ST- ZIP	SATSUMA FL 32189	
TITLE	DR	<input checked="" type="checkbox"/> Delete
NAME	GEIGER, WILLIAM DR.	
STREET ADDRESS	124 BAYOU DR	
CITY- ST- ZIP	SATSUMA FL 32189	
TITLE	DR.	<input checked="" type="checkbox"/> Delete
NAME	DODGE, BERNIE DR.	
STREET ADDRESS	124 BAYOU DR	
CITY- ST- ZIP	SATSUMA FL 32189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel Rozier	
STREET ADDRESS	139 Bayou Dr	
CITY- ST- ZIP	Satsuma, FL 32189	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grace Patricia	
STREET ADDRESS	112 Pine Lake Dr	
CITY- ST- ZIP	Satsuma, FL 32189	
TITLE	Willa Gray	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	152 Pine Lake Dr	
STREET ADDRESS	Satsuma, FL 32189	
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
NAME		
STREET ADDRESS		
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:

Alfonzia R. Mincey

3/4/08