2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N04000006152

Entity Name: BAYOU BONITA NEIGHBORHOOD, INC.

Current Principal Place of Business:

2255 5 AVE N
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2255 5 AVE N
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 20-8690303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHERER, PAUL C
4930 SUNRISE DR S
ST PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	ROBERTS, BRYAN	
Address:	2255 5TH AVE.	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
Title:	D	( ) Delete
Name:	TAYLOR, ANN	
Address:	4636 SUNRISE DR S	
City-St-Zip:	ST PETERSBURG, FL 33705	
Title:	D	( ) Delete
Name:	WOLFE, JANE	
Address:	4810 PARADISE DR S	
City-St-Zip:	ST PETERSBURG, FL 33705	
Title:	T	( ) Delete
Name:	LETELLIER, DAWN	
Address:	2255 5TH AVE.	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
Title:	D	( ) Delete
Name:	WENZEL, CHRIS	
Address:	4000 4 ST S	
City-St-Zip:	ST PETERSBURG, FL 33705	
Title:	DV	( ) Delete
Name:	HASTINGS, ROY	
Address:	360 41 AVE S	
City-St-Zip:	ST PETERSBURG, FL 33705	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: PAUL C. SCHERER D 01/28/2009

Electronic Signature of Signing Officer or Director — Date