

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90444 035 \*\*\*\*61.25

**DOCUMENT # N04000010137**

1. Entity Name  
**QUINN BAYOU ESTATES HOMEOWNERS' ASSOC., INC.**



Principal Place of Business  
**416 N. BAYLEN STREET  
PENSACOLA, FL 32501**

Mailing Address  
**416 N. BAYLEN STREET  
PENSACOLA, FL 32501**

**DO NOT WRITE IN THIS SPACE**



03152006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MALLET, JAMES J  
416 N. BAYLEN STREET  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/21/2006**

**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	D
NAME	MALLET, JAMES J
STREET ADDRESS	416 N. BAYLEN STREET
CITY - ST - ZIP	PENSACOLA, FL 32501
TITLE	D
NAME	VANNATTER, LYNN
STREET ADDRESS	1217 WISTERIA AVENUE
CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	UZDEVENES, GREGORY
STREET ADDRESS	918 E. CERVANTES STREET
CITY - ST - ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-06 850-438-7794**

Date

Daytime Phone #