

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

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

03052007 No Chg-NP

CR2E037 (4/06)

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000747553
05/17/07-80029-010 61.25

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-07

Date

850 438 7724
Daytime Phone #