


**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N04000010137</b> 1. Entity Name QUINN BAYOU ESTATES HOMEOWNERS' ASSOC., INC.	
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Principal Place of Business 416 N. BAYLEN STREET PENSACOLA, FL 32501	Mailing Address 416 N. BAYLEN STREET PENSACOLA, FL 32501
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04032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MALLETT, 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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

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

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05/14/08-80041-009 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: *J. Mallett* 4-21-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #