

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010650

FILED
Jan 13, 2009
Secretary of State

Entity Name: BAYOUBEND HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1342 LAGRANGE ROAD
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

1342 LAGRANGE ROAD
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 68-0618171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARSONS, JAMES
1342 LAGRANGE ROAD
FREEPORT, FL 32439 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: D () Delete
Name: PARSONS, JAMES
Address: 1342 LAGRANGE ROAD
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: CARLEY, JOANNE
Address: 17103 HWY 331 SOUTH
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: MUNYON, LYNN
Address: 69 HEVWETT POINT ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

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:

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: JAMES P. PARSONS

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date