

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90218 035 \*\*\*\*61.25

<b>DOCUMENT # N04453</b> 1. Entity Name <b>PLACIDO BAYOU COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business 4691 LAUREL OAK LANE ST PETERSBURG, FL 33703			Mailing Address 4691 LAUREL OAK LANE ST PETERSBURG, FL 33703		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2454547</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAVOIE-WALTON, MONIQUE 4691 LAUREL OAK LANE NE SAINT PETERSBURG, FL 33703			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, TED		NAME		
STREET ADDRESS	5120 WHITE PINE CIRCLE NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARREN, JANE		NAME		
STREET ADDRESS	679 MALTA CT NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRASSARD, IRENE		NAME		
STREET ADDRESS	586 ANDORRA CIRCLE NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWAN, LAWTON		NAME		
STREET ADDRESS	1101 RED MAPLE CIRCLE NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNALD, LARRY		NAME		
STREET ADDRESS	582 QUINTANA PLACE NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLONEY, KEVIN		NAME		
STREET ADDRESS	5255 WHITE SAND CIR. N.E.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703		CITY-ST-ZIP		
			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
			NAME	MCBRIDE, TOM	
			STREET ADDRESS	5212 WHITE SAND CIRCLE NE	
			CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
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.					
<b>SIGNATURE:</b> <u>Ted Lee</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/17/06</u> Daytime Phone # <u>127-525-1147</u>		

# ATTACHMENT 50014316

# NO4453

Acido Bayou Community Association, Inc.  
Additional Directors/Officers  
2005

Changes

2006

D Moore, Marilyn 527 St. Tropez Circle NE St. Petersburg, Fl 33703	✓	
S Coates, Steve 5014 Windmill Palm Terrace NE St. Petersburg, Fl 33703	✓	<input checked="" type="checkbox"/> Change
D Rogers, Kathy 484C Santa Cruz Pl NE St. Petersburg, Fl. 33703	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change
		Karen Bolin 500C Santa Cruz St. Petersburg, FL 33703
D Stifel, Fran 620 Bay Laurel Ct NE St. Petersburg, Fl 33703	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> Change
D Hodgett, Lew 932 Live Oak Terrace NE St. Petersburg, Fl. 33703	✓ <u>Lew</u>	<input checked="" type="checkbox"/> Change