

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90174 043 *****61.25

DOCUMENT # N04453 1. Entity Name PLACIDO BAYOU COMMUNITY ASSOCIATION, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2454547	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAVOIE-WALTON, MONIQUE 4691 LAUREL OAK LANE NE SAINT PETERSBURG, FL 33703				7. Name and Address of New Registered Agent 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 <u><i>Monique Savie-Walton</i></u> 4/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEE, TED 5120 WHITE PINE CIRCLE NE ST PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete		TITLE P NAME STREET ADDRESS CITY - ST - ZIP	Virginia Lomagno 4851 Windmill Palm Te NE St. Petersburg, Fl 33703
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARREN, JANE 679 MALTA CT NE ST PETERSBURG, FL 33703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRASSARD, IRENE 586 ANDORRA CIRCLE NE ST PETERSBURG, FL 33703	<input type="checkbox"/> Delete		TITLE T NAME STREET ADDRESS CITY - ST - ZIP	Director
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWAN, LAWTON 1101 RED MAPLE CIRCLE NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FERNALD, LARRY 582 QUINTANA PLACE NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY - ST - ZIP	Director
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCBRIDE, TOM 5212 WHITE SAND CIRCLE NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Larry A. Fernald</i></u> 3/29/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

ATTACHMENT

40049832

#NO4453

Placido Bayou Community Association, Inc.
Additional Directors/Officers
2007

D Marilyn Moore
527 St. Tropez Ci NE
St. Petersburg, Fl. 33703

D Karen Bolin
500C Santa Cruz P1 NE
St. Petersburg, Fl. 33703

D Brian Barker
988 Lake Placido Ct NE
St. Petersburg, Fl. 33703

VP Lew Hodgett
932 Live Oak Te NE
St. Petersburg, Fl. 33703

S John Matson
5010 White Pine Ci NE
St. Petersburg, Fl. 33703