2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04453

FILED Mar 23, 2009 Secretary of State

Entity Name: PLACIDO BAYOU COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4691 LAUREL OAK LANE ST PETERSBURG, FL 33703

Current Mailing Address: New Mailing Address:

4691 LAUREL OAK LANE ST PETERSBURG, FL 33703

FEI Number: 59-2454547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAVOIE-WALTON, MONIQUE

BURGOYNE, DIETTA MGR
4691 LAUREL OAK LANE NE
4691 LAUREL OAK LANE NE
SAINT PETERSPURO. EL 23702.

SAINT PETERSBURG, FL 33703 US SAINT PETERSBURG, FL 33703 US

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: DIETTA BURGOYNE 03/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

LOMAGNO, VIRGINIA PATTON, CHRIS Name: Name: 4851 WINDMILL PALM TE NE Address: 649 QUINTANA PLACE NE Address: City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: SAINT PETERSBURG, FL 33703 Title: Title: (X) Change () Addition () Delete ATCHLEY, BILL Name: RUSSICK, CHRIS Name: Address: 649 SEGOVIA CT NE Address: 490 ST TROPEZ CI NE City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: SAINT PETERSBURG, FL 33703 Title: () Delete Title: () Change () Addition BRASSARD, IRENE Name: Name: 586 ANDORRA CIRCLE NE Address: Address: City-St-Zip: ST PETERSBURG, FL 33703 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MARDER, JILL Name: MARDER, JILL 998 LAKE PLACIDO CT NE 998 LAKE PLACIDO CT NE Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: SAINT PETERSBURG, FL 33703 Title: () Delete Title: () Change () Addition SCHRAMM, JEAN Name: Name: 1191 RED MAPLE CI NE Address: Address: SAINT PETERSBURG, FL 33703 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition FOSTER, JIM Name: Name: Address: 460 DATE PALM CT NE Address: SAINT PETERSBURG, FL 33703 City-St-Zip: 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: IRENE BRASSARD T 03/23/2009