2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N05000001561

Entity Name: BAYOU PASS VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2203 DOROTHY DUKE LANE
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

P.O BOX 615
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 59-3803325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PFEIFFER, EARL A
201 14TH AVE SE SUITE H
RUSKIN, FL 33570 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: P ( ) Delete
Name: PFEIFFER, EARL
Address: PO BOX 615
City-St-Zip: RUSKIN, FL 33575

Title: VP ( ) Delete
Name: ORNELAS, JESSE
Address: PO BOX 615
City-St-Zip: RUSKIN, FL 33575

Title: D ( ) Delete
Name: MONIZ, ANN
Address: OIB 615
City-St-Zip: RUSKIN, FL 33570

Title: D ( ) Delete
Name: NGUYEN, LUAN
Address: PO BOX 615
City-St-Zip: RUSKIN, FL 33575

Title: D ( ) Delete
Name: FELIZ, JULIA
Address: PO BOX 615
City-St-Zip: RUSKIN, FL 33575

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LATORRE, PABLO
Address: PO BOX 615
City-St-Zip: RUSKIN, FL 33575

Title: TR (X) Change ( ) Addition
Name: MONIZ, ANN
Address: OIB 615
City-St-Zip: RUSKIN, FL 33570

Title: D (X) Change ( ) Addition
Name: ORNELAS, JESSE
Address: PO BOX 615
City-St-Zip: RUSKIN, FL 33575

Title: SEC (X) Change ( ) Addition
Name: FELIZ, JULIA
Address: PO BOX 615
City-St-Zip: RUSKIN, FL 33575

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: MONIQUE STEINER CAM 01/12/2009

Electronic Signature of Signing Officer or Director — Date