

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N05870	
1. Entity Name BAYOU PINES OWNERS' ASSOCIATION, INC.	
Principal Place of Business 810 EGLIN PKWY. #16 FT. WALTON BCH., FL 32547	Mailing Address 810 EGLIN PKWY. #16 FT. WALTON BCH., FL 32547



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3105616	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAGEE, MICHAEL
810 EGLIN PKWY. #7
FT. WALTON BCH., FL 32547

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IN THIS SPACE**

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

Michael Magee
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MAGEE, MICHAEL
STREET ADDRESS	810 EGLIN PKWY, #1
CITY-ST-ZIP	FT. WALTON BEACH, FL
TITLE	PD
NAME	CLARK, EARL
STREET ADDRESS	810 EGLIN PKWY #10
CITY-ST-ZIP	FT WALTON BEACH, FL
TITLE	STD
NAME	RIEF, THOMAS
STREET ADDRESS	810 EGLIN PKWY #7
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	TD
NAME	KUHN, WILLIAM D
STREET ADDRESS	2413 PALM HARBOR DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80022-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Thomas L. Rief
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850 315-7374