


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90039 030 ****61.25

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
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01072006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3105616	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
MAGEE, MICHAEL 810 EGLIN PKWY. #7 FT. WALTON BCH., FL 32547	

7. Name and Address of New Registered Agent	
Name <u>Barnes, Michael</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>810 EGLIN PKWY, NE # 2</u>	
City <u>FT WALTON BEACH</u>	Zip Code <u>FL 32547</u>

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 J. Barnes MICHAEL J. BARNES 1/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2006	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VD MAGEE, MICHAEL 810 EGLIN PKWY. #1 FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete PD CLARK, EARL 810 EGLIN PKWY. #10 FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete STD RIEF, THOMAS 810 EGLIN PKWY #7 FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete TD KUHN, WILLIAM D 2413 PALM HARBOR DR FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD MICHAEL BARNES 810 Eglin Pkwy NE # 2 Ft Walton Beach, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD Jeanne Rief 810 Eglin Pkwy NE # 7 Ft Walton Beach, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/S/D LINDA SNYDER 810 Eglin Pkwy NE # 4 Ft Walton Beach, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Colleen Barrett 810 Eglin Pkwy NE # 5 Ft Walton Beach, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Brigitte Plumb 810 Eglin Pkwy NE # 13 Ft Walton Beach, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Linda Snyder LINDA SNYDER 1/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #