


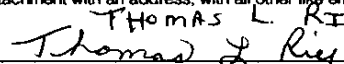


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90102 043 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
01042007 Chg-NP CR2E037 (12/06)				4. FEI Number 59-3105616	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARNES, MICHAEL 810 EGLIN PKWY NE # 2 FT.WALTON BCH., FL 32547			7. Name and Address of New Registered Agent Name Michael Magee Street Address (P.O. Box Number is Not Acceptable) 810 Eglin Pkwy, Unit #1 City Ft Walton Beach FL Zip Code 32547		
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  19 JAN 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD BARNES, MICHAEL 810 EGLIN PKWY NE # 2 FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Thomas Rief 810 Eglin Pkwy, Unit #7 Ft Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIEF, JEANNE 810 EGLIN PKWY NE # 7 FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Elizabeth Clark 810 Eglin Pkwy, Unit #10 Ft Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SNYDER, LINDA 810 EGLIN PKWY NE # 4 FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Michael Magee 810 Eglin Pkwy, Unit #1 Ft Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, COLLEEN 810 EGLIN PKWY NE # 5 FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Steve Barrett 810 Eglin Pkwy, Unit #5 Ft Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUMB, BRIGITTE 810 EGLIN PKWY NE # 13 FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Kuhn 401 Sharon Pt. Circle Ft Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  19 Jan 2007 850-315-7374 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					