

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08389

FILED
Feb 18, 2009
Secretary of State

Entity Name: BAYOU EXECUTIVE PARK ASSOCIATION, INC.

Current Principal Place of Business:

222 GOVERNMENT STREET
SUITE D
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

222 GOVERNMENT STREET
SUITE D
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-2950693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEEK, SAMUEL
222 GOVERNMENT STREET
SUITE D
NICEVILLE, FL 32580 US

Name and Address of New Registered Agent:

PEEK, SAMUEL M
222 GOVERNMENT STREET
SUITE D
NICEVILLE, FL 32580 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: SAMUEL M. PEEK

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUFF, CAREY,
Address: 4203 LANCASTER DR
City-St-Zip: NICEVILLE, FL

Title: TDS () Delete
Name: PEEK, SAMUEL,
Address: 1281 BAYSHORE DR
City-St-Zip: VALPARAISO, FL

Title: VD () Delete
Name: HIGGINS, PAUL,
Address: 7 DOVE COVE
City-St-Zip: VALPARAISO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUFF, CAREY
Address: 4203 LANCASTER DR
City-St-Zip: NICEVILLE, FL 32578

Title: TDS (X) Change () Addition
Name: PEEK, SAMUEL M
Address: 222 GOVERNMENT AVE., SUITE D
City-St-Zip: NICEVILLE, FL 32578

Title: VD (X) Change () Addition
Name: HIGGINS, PAUL
Address: 7 DOVE COVE
City-St-Zip: VALPARAISO, FL 32580

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: SAMUEL M. PEEK

DST

02/18/2009

Electronic Signature of Signing Officer or Director

Date