## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N11883**

1. Entity Name
BAYOU POINTE VILLAS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1320 E. 5TH STREET | ~~201 E 4TH STREET~~ *939 Jenks Ave.* |
| PANAMA CITY, FL 32401 | PANAMA CITY, FL 32401  US |

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**DO NOT WRITE IN THIS SPACE**

07062006  No Chg-NP          CR2E037 (4/06)

| 4. FEI Number | Applied For |
|---|---|
| 59-3081256 | Not Applicable |

5. Certificate of Status Desired  ☐  $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHEPARD, W M
939 JENKS AVE
PANAMA CITY, FL 32401

**DO NOT WRITE 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 _____
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 September 6, 2006** | 9. Election Campaign Financing Trust Fund Contribution.  ☐ | **$5.00** May Be Added to Fees | |
|---|---|---|---|

**10.          OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | DP |
| NAME | CAHILL, MARTIN |
| STREET ADDRESS | 1320 35TH STREET, UNIT 305 |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 |
| TITLE | D *Secretary Treasure* |
| NAME | RAFFIELD, DUANE |
| STREET ADDRESS | 1320 E. 5TH STREET, UNIT 209 |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 |
| TITLE | ~~DST~~ *Director of mmt.* |
| NAME | WRIGHT, ROBERT |
| STREET ADDRESS | 1320 E 5TH STREET, UNION 307 |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 |
| TITLE | AT *acct. of record* |
| NAME | SHEPARD, W. M  *Registered Agent* |
| STREET ADDRESS | 939 JENKS AVENUE |
| CITY-ST-ZIP | PANAMA CITY, FL 32404 |
| TITLE | DVP |
| NAME | HAZEN, CHUCK |
| STREET ADDRESS | P.O. BOX 336 |
| CITY-ST-ZIP | COTTONDALE, FL 32431 |
| TITLE | *Guthrie, David  Director* |
| NAME | |
| STREET ADDRESS | *1320 E 5th Street, Unit #103* |
| CITY-ST-ZIP | *Panama City, FL 32401* |

**DO NOT WRITE IN THIS SPACE**

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: _W m Shepard Asst Tres_   7/6/06  850 747-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #