

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11883

FILED
Jan 08, 2008
Secretary of State

Entity Name: BAYOU POINTE VILLAS, INC.

Current Principal Place of Business:

1320 E. 5TH STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

939 JENKS AVE
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-3081256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRITT, THOMAS A
939 JENKS AVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: CAHILL, MARTIN
Address: 1320 E. 5TH STREET, UNIT 305
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: RAFFIELD, DUANE
Address: 1320 E. 5TH STREET, UNIT 207
City-St-Zip: PANAMA CITY, FL 32401

Title: DP () Delete
Name: WRIGHT, ROBERT
Address: 1320 E. 5TH STREET, UNIT 307
City-St-Zip: PANAMA CITY, FL 32401

Title: DVP () Delete
Name: HAZEN, CHUCK
Address: P.O. BOX 336
City-St-Zip: COTTONDALE, FL 32431

Title: D () Delete
Name: GIBSON, JAMES
Address: 1320 E. 5TH STREET, UNIT 108
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT WRIGHT

DP

01/08/2008

Electronic Signature of Signing Officer or Director

Date