2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14404

FILED Feb 18, 2009 Secretary of State

Entity Name: BAYOU EXECUTIVE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

222 GOVERNMENT ST. STE. #D NICEVILLE, FL 32578

Current Mailing Address: New Mailing Address:

222 GOVERNMENT ST. STE. #D NICEVILLE, FL 32578

FEI Number: 59-3032415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUFF, CAREY R.
4203 LANCASTER DR
NICEVILLE, FL 32578 US
HUFF, CAREY R
4203 LANCASTER DR
NICEVILLE, FL 32578 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: CAREY R. HUFF 02/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: HUFF, CAREY, Name: HUFF, CAREY

 Name:
 HOFF, CARET
 Name:
 HOFF, CARET

 Address:
 4203 LANCASTER DR
 Address:
 4203 LANCASTER DR

 City-St-Zip:
 NICEVILLE, FL
 City-St-Zip:
 NICEVILLE, FL
 32578

Title: SD () Delete Title: SD (X) Change () Addition Name: HIGGINS, PAUL, Name: HIGGINS, PAUL

 Address:
 7 DOVE COVE
 Address:
 7 DOVE COVE

 City-St-Zip:
 VALPARAISO, FL
 City-St-Zip:
 VALPARAISO, FL 32580

Title: D () Delete Title: () Change () Addition

 Name:
 DONAVIN, MATTHEW
 Name:

 Address:
 804 WEEDEN ISLAND DR
 Address:

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 PEEK, SAMUEL
 Name:

 Address:
 222 GOVERNMENT ST. STE D
 Address:

 City-St-Zip:
 NICEVILLE, FL 32578
 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: SAMUEL M. PEEK T 02/18/2009