

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N96009000370	
1. Entity Name BAYOU CHICO ASSOCIATION, INC.	
Principal Place of Business	Mailing Address
301 EDGEWATER DRIVE PENSACOLA, FL 32507	301 EDGEWATER DRIVE PENSACOLA, FL 32507



08252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VANDIVER, BARBARA 301 EDGEWATER DRIVE PENSACOLA, FL 32507	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NAYBOR, JOHN 806 LAKEWOOD ROAD PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KRIEGL, BOB 1280 MAHAGONY MILL ROAD #14 PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OSTLING, SANDRA 103 EDGEWATER DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VANDIVER, BARBARA 301 EDGEWATER DRIVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOFTIN, JOE M 642 LAKEWOOD RD PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATHESON, LAVERNE 9 EDGEWATER DR PENSACOLA, FL 32507

100000377515
09/01/05-80001-011 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara Vandiver 8-25-05 850-455-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #