2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State
05-14-2007 90090 036 ****61.25

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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

66019255

04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VANDIVER, BARBARA
301 EDGEWATER DRIVE
PENSACOLA, FL 32507

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	NAYBOR, JOHN
STREET ADDRESS	806 LAKEWOOD ROAD
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	P
NAME	KRIEGEL, BOB
STREET ADDRESS	1280 MAHAGONY MILL ROAD #14
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	SD
NAME	OSTLING, SANDRA
STREET ADDRESS	103 EDGEWATER DR
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	TD
NAME	VANDIVER, BARBARA
STREET ADDRESS	301 EDGEWATER DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	LOFTIN, JOE M
STREET ADDRESS	842 LAKEWOOD RD
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	MATHESON, LAVERNE
STREET ADDRESS	9 EDGEWATER DR
CITY-ST-ZIP	PENSACOLA, FL 32507

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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: Barbara J Vandiver 6/12/07 850-572-5535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #