

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000370

FILED
Apr 28, 2009
Secretary of State

Entity Name: BAYOU CHICO ASSOCIATION, INC.

Current Principal Place of Business:

301 EDGEWATER DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

301 EDGEWATER DRIVE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDIVER, BARBARA
301 EDGEWATER DRIVE
PENSACOLA, FL 32507 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: VD () Delete
Name: NAYBOR, JOHN
Address: 806 LAKEWOOD ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: P () Delete
Name: KRIEGEL, BOB
Address: 1280 MAHAGONY MILL ROAD #14
City-St-Zip: PENSACOLA, FL 32507

Title: SD () Delete
Name: OSTLING, SANDRA
Address: 103 EDGEWATER DR
City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete
Name: VANDIVER, BARBARA
Address: 301 EDGEWATER DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: LOFTIN, JOE M
Address: 642 LAKEWOOD RD
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: MATHESON, LAVERNE
Address: 9 EDGEWATER DR
City-St-Zip: PENSACOLA, FL 32507

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:

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: BARBARA L. VANDIVER

TREA

04/28/2009

Electronic Signature of Signing Officer or Director

Date