


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90147 009 ****61.25

DOCUMENT # N97000002398

1. Entity Name
 POQUITO BAYOU COMMUNITY ASSOCIATION, INC.



Principal Place of Business
 786 N. BEAL PKWY
 SUITE 6
 FORT WALTON BEACH, FL 32547 US

Mailing Address
 POST OFFICE BOX 1124
 SHALIMAR, FL 32579-1124



2. Principal Place of Business
 Suite, Apt. #, etc.
 436 Green Acres Road
 City & State
 FNB, FL
 Zip
 32547
 Country
 USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3480218

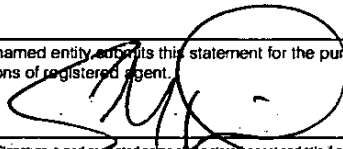
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 RISEN, SHAWN M
~~786 NORTH BEAL PARKWAY SUITE 6~~ 436 Green Acres Road
 FORT WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent
 Name SHAWN M. RISEN
 Street Address (P.O. Box Number is Not Acceptable)
 436 Green Acres Road
 City Fort Walton Beach FL Zip Code 32547

8. The above named entity adopts 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  SHAWN M. RISEN 3/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|-------------------|--------------------|---------------------------------|
| PD | RUSH, GERALD | 23 POQUITO ROAD | SHALIMAR, FL 32579 | <input type="checkbox"/> |
| SD | RUSH, MARY | 23 POQUITO ROAD | SHALIMAR, FL 32579 | <input type="checkbox"/> |
| VPD | FEDOSKY, JANE | 1 BAY ST. | SHALIMAR, FL 32579 | <input type="checkbox"/> |
| SD | WILLIAMS, LINDA | 30 HICKORY AVENUE | SHALIMAR, FL 32579 | <input type="checkbox"/> |
| TD | HOLLARN, PATRICIA | 139 POQUITO ROAD | SHALIMAR, FL 32579 | <input type="checkbox"/> |
| D | NIELSON, ELIZABETH | 112 POQUITO ROAD | SHALIMAR, FL 32579 | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  03/04/2005
Signature and typed or printed name of signing officer or director Date Daytime Phone #