

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 20, 2009
Secretary of State**

DOCUMENT# N97000002398

Entity Name: POQUITO BAYOU COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

436 GREEN ACRES ROAD
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1124
SHALIMAR, FL 325791124

New Mailing Address:

FEI Number: 59-3480218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISEN, SHAWN M
436 GREEN ACRES ROAD
FORT WALTON BEACH, FL 32547 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: PPD () Delete
Name: RUSH, GERALD
Address: 23 POQUITO ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: SD () Delete
Name: RUSH, MARY
Address: 23 POQUITO ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: PD (X) Delete
Name: FEDOSKY, JANE
Address: 1 BAY ST.
City-St-Zip: SHALIMAR, FL 32579

Title: SD () Delete
Name: ABBATE, JEANETTE
Address: 23 HICKORY AVE
City-St-Zip: SHALIMAR, FL 32579

Title: TD () Delete
Name: HOLLARN, PATRICIA
Address: 139 POQUITO ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: VPD () Delete
Name: COLSCH, GARY
Address: 33 POPLAR AVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUZALAK, JANET A
Address: 37 WALNUT AVENUE
City-St-Zip: SHALIMAR, FL 32579

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
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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: JANET A. GUZALAK

PD

02/20/2009

Electronic Signature of Signing Officer or Director

Date