

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002398

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**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: PD  
Name: MALIN, MARY E  
Address: 18 POQUITO ROAD  
City-St-Zip: SHALIMAR, FL 32579

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

Title: SD  
Name: VANWORMER, LESLIE  
Address: 32 POQUITO ROAD  
City-St-Zip: SHALIMAR, FL 32579

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHAWN M. RISEN

MR.

04/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date