


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90111 045 \*\*\*\*61.25

DOCUMENT # N97000003590	
1. Entity Name BAYOU POINT HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 54 BAYOU POINT DR SANTA ROSA BEACH, FL 32459	Mailing Address 54 BAYOU POINT DR SANTA ROSA BEACH, FL 32459
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**50054356**



06282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 90-0035603	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MCGILL, ROBERT E III 38006 EMERALD COAST PARKWAY., STE 301 DESTIN, FL 32541
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UNDERWOOD, MIKE 58 BAYOU POINT DR SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, JOHN 4101 INDIAN BAYOU N. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARRIER, DEAN 252 TAQUESTA DR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEIR, WAYNE 54 BAYOU POINT DR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:**  **6/28/05 850 978-1539**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #