

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003590

FILED  
Mar 15, 2007  
Secretary of State

**Entity Name:** BAYOU POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

54 BAYOU POINT DR  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

130 BAYOU POINT DR  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

54 BAYOU POINT DR  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

130 BAYOU POINT DR  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 90-0035603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCGILL, ROBERT E III  
38006 EMERALD COAST PARKWAY., STE 301  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

RUSSELL, WILLIAM R  
256 LEANING PINES LOOP  
DESTIN, FL 32541 US

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: WILLIAM R. RUSSELL

03/15/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: UNDERWOOD, MIKE  
Address: 58 BAYOU POINT DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD ( ) Delete  
Name: KING, JOHN  
Address: 4101 INDIAN BAYOU N.  
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Delete  
Name: CARRIER, DEAN  
Address: 252 TAQUESTA DR  
City-St-Zip: DESTIN, FL 32541

Title: T (X) Delete  
Name: WEIR, WAYNE  
Address: 54 BAYOU POINT DR  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/SD (X) Change ( ) Addition  
Name: ABBOTT, NATHAN  
Address: 130 BAYOU POINT DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: V/D (X) Change ( ) Addition  
Name: KING, JOHN  
Address: 4101 INDIAN BAYOU N.  
City-St-Zip: DESTIN, FL 32541

Title: T/D (X) Change ( ) Addition  
Name: RUSSELL, WILLIAM R  
Address: 256 LEANING PINES LOOP  
City-St-Zip: DESTIN, FL 32541

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R. RUSSELL

T/D

03/15/2007

Electronic Signature of Signing Officer or Director

Date