

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003590

FILED
Apr 03, 2008
Secretary of State

Entity Name: BAYOU POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

130 BAYOU POINT DR
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

130 BAYOU POINT DR
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 90-0035603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, WILLIAM R
256 LEANING PINES LOOP
DESTIN, FL 32541 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: P/SD () Delete
Name: ABBOTT, NATHAN
Address: 130 BAYOU POINT DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S/D () Change (X) Addition
Name: ABBOTT, CYNTHIA
Address: 11125 US HIGHWAY 98 WEST
City-St-Zip: DESTIN, FL 32550

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: WILLIAM R RUSSELL

T/D

04/03/2008

Electronic Signature of Signing Officer or Director

Date