# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 19, 2009**
**Secretary of State**

DOCUMENT# N98000003552

**Entity Name:** BAYOU HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6516 BAYOU HAMMOCK RD
LONGBOAT KEY, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX #162
LONGBOAT KEY, FL 34228 US

**New Mailing Address:**

POST OFFICE BOX #8532
LONGBOAT KEY, FL 34228 US

**FEI Number: 59-1389497** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GARDNER, JAMES
6541 BAYOU HAMMOCK ROAD
LONGBOAT KEY, FL 33428 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/D ( ) Delete
Name: MASTENBROEK, HENK
Address: 6516 BAYOU HAMMOCK RD
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: T/D ( ) Delete
Name: GARDNER, JAMES W
Address: 6541 BAYOU HAMMOCK RD
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: S/D ( ) Delete
Name: NELON, EDWINA M
Address: 6515 BAYOU HAMMOCK RD
City-St-Zip: LONGBOAT KEY, FL 34228 US

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: EDWINA M. NELON S/D 01/19/2009

Electronic Signature of Signing Officer or Director Date