

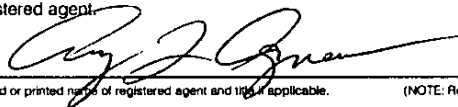



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90400 042 ****61.25

DOCUMENT # N99000006243 1. Entity Name BAYOU WEST HOA, INC.					
Principal Place of Business 8675 BAYOU WAY PINELLAS PARK, FL 33782			Mailing Address PO BOX 903 PINELLAS PARK, FL 33780		
2. Principal Place of Business 7015 BAYOU WEST PLACE		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04202006 Chg-NP CR2E037 (11/05)	
City & State PINELLAS PARK, FL		City & State 		4. FEI Number 59-3611713	
Zip 33782		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FROATS, EDWIN 8675 BAYOU WAY PINELLAS PARK, FL 33782				7. Name and Address of New Registered Agent Name AMY AGNEW Street Address (P.O. Box Number is Not Acceptable) 7015 BAYOU WEST PLACE City PINELLAS PARK FL Zip Code 33782	
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  _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete FROATS, ED 8675 BAYOU WAY PINELLAS PARK, FL 33782			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete WACKER, JOANN 7020 BAYOU W PLACE PINELLAS PARK, FL 33782			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete AGNEW, AMY 7015 BAYOU W PLACE PINELLAS PARK, FL 33782			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LAURA FOUNAS 7041 BAYOU WEST AVE. PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TERRY BURMOOD 7075 BAYOU WEST PLACE PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  AMY L. AGNEW 4/18/06 727-548-0870 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					