
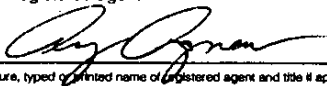
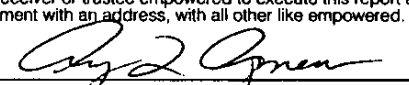


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90176 004 ****61.25

DOCUMENT # N99000006243					
1. Entity Name BAYOU WEST HOA, INC.					
Principal Place of Business 7015 BAYOU WEST PLACE PINELLAS PARK, FL 33782			Mailing Address PO BOX 903 PINELLAS PARK, FL 33780		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3611713	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMY AGNEW 7015 BAYOU WEST PLACE PINELLAS PARK, FL 33782			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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  AMY AGNEW 4/8/07 <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, 2007		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 VP NAME BURMOOD, TERRY STREET ADDRESS 7075 BAYOU WEST PLACE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete		TITLE VP NAME CATHY TAULBEE STREET ADDRESS 7085 BAYOU WEST PLACE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WACKER, JOANN STREET ADDRESS 7020 BAYOU W PLACE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete		TITLE S NAME NASSER RAZACK STREET ADDRESS 7032 BAYOU WEST AVENUE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME AGNEW, AMY STREET ADDRESS 7015 BAYOU W PLACE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME FOUND, LAURA STREET ADDRESS 7041 BAYOU WEST AVE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete		TITLE P NAME LOU WACKER STREET ADDRESS 7020 BAYOU WEST PLACE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input checked="" 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 	<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 	<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 AGNEW 4/8/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					