


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90081 025 ****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 # 7080 BAYOU WEST PLACE		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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 AMY AGNEW 7015 BAYOU WEST PLACE PINELLAS PARK, FL 33782			7. Name and Address of New Registered Agent Name: DAVID NOWASKI Street Address (P.O. Box Number is Not Acceptable): 7080 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: <u>David Nowaski</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>4/18/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		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 TAULBEE, CATHY STREET ADDRESS 7085 BAYOU WEST PLACE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete		TITLE VP NAME CISLIEK, RON STREET ADDRESS 7031 BAYOU WEST AVE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME RAZACK, NASSER STREET ADDRESS 7032 BAYOU WEST AVENUE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete		TITLE S NAME CARUSO, CHARLES STREET ADDRESS 7055 BAYOU WEST PL CITY-ST-ZIP PINELLAS PARK FL 33782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME AGNEW, AMY STREET ADDRESS 7015 BAYOU W PLACE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete		TITLE T NAME DAVID NOWASKI NOWASKI, DAVID STREET ADDRESS 7080 BAYOU WEST PL CITY-ST-ZIP PINELLAS PARK FL 33782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME WACKER, LOU STREET ADDRESS 7020 BAYOU WEST PLACE CITY-ST-ZIP PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete		TITLE P NAME George, Todd STREET ADDRESS 8605 Bayou Way CITY-ST-ZIP Pinellas Park, FL 33782	<input type="checkbox"/> Change <input checked="" 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: <u>Todd George</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>04/17/08</u> Daytime Phone #: <u>727-548-9351</u>		