

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771032 (0)

1. Corporation Name

BIENVILLE SQUARE TOWNHOUSE OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1844
FT WALTON BCH FL 32549
US

P.O. BOX 1844
FT WALTON BCH FL 32549
US

3. Date Incorporated or Qualified

11/02/1983

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2591906

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUGGS, THELBERT H. S
202 FELDON DR.
CRESTVIEW FL 32536

81 Name

MARCIA M. CAPRON

82 Street Address (P.O. Box Number is Not Acceptable)

6435 GARDEN DR.

83

GULF BREEZE

84 City

FL

85 Zip Code

32561

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

E. Marguerite Vering
Signature, typed or printed name of registered agent and title if applicable

SECRETARY-TREASURER

(NOTE: Registered Agent signature required when reinstating)

1-17-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SUGGS, THELBERT H. S	
STREET ADDRESS	202 FELDON DR.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, MELINDA	
STREET ADDRESS	115 HUGHES ST. F-1	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	VERING, E. MARGUERITE	
STREET ADDRESS	115 HUGHES ST. NE A-6	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNT, GARY	
STREET ADDRESS	731-SAILFISH DR.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MC.INTOSH, CLEOPHUS	
STREET ADDRESS	211 BRIAN CIR.	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANDIS, JIM	
STREET ADDRESS	316 STACEY CIR.	
CITY-ST-ZIP	FT. WLATON BEACH FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAPRON, MARCIA M.	
1.3 STREET ADDRESS	6435 GARDEN DR.	
1.4 CITY-ST-ZIP	GULF BREEZE, FL. 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP	
2.2 NAME	SMITH, MELINDA	
2.3 STREET ADDRESS	115- HUGHES ST. F-1	
2.4 CITY-ST-ZIP	FORT WALTON BEACH, FL. 32548	
3.1 TITLE	TSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VERING, E. MARGUERITE	
3.3 STREET ADDRESS	115- HUGHES ST. A-6	
3.4 CITY-ST-ZIP	FORT WALTON BEACH, FL. 32548	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HUNT, GARY	
4.3 STREET ADDRESS	731 SAILFISH DR.	
4.4 CITY-ST-ZIP	FORT WALTON BEACH, FL. 32548	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SUGGS, THELBERT H.	
5.3 STREET ADDRESS	202 FELDON DR.	
5.4 CITY-ST-ZIP	CRESTVIEW, FL. 32536	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARDERCSIAN, MURRAY	
6.3 STREET ADDRESS	115 HUGHES ST. A-4	
6.4 CITY-ST-ZIP	FORT WALTON BEACH, FL. 32548	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. Marguerite Vering
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

DATE

904-243-0444

DAYTIME PHONE #

CFR2E037 (12/95)