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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32549-1844
US

3. Date Incorporated or Qualified
11/02/1983

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number
59-2591906

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$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

CAPRON, MARCIA M.
6435 GARDEN DR
GULF BREEZE, FL
CRESTVIEW FL 32561

81 Name

HUNT, GARY

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

731 SAILFISH DR.

83

FT. WALTON BEACH

84 City

FL

85 Zip Code
32548

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

Gary W. Hunt, Pres

1/19/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CAPRON, MARCIA M	
STREET ADDRESS	6435 GARDEN DR	
CITY - ST - ZIP	GULF BREEZE 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, A-6	
CITY - ST - ZIP	FT WALTON BEACH FL	
TITLE	D	<input checked="" 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	SUGGS, THELBERT H.	
STREET ADDRESS	202 FELDON DR	
CITY - ST - ZIP	CRESTVIEW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARDEROSIAN, MURRAY	
STREET ADDRESS	115 HUGHES ST A-4	
CITY - ST - ZIP	FORT WALTON BEACH FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUNT, GARY	
1.3 STREET ADDRESS	731 SAILFISH DR.	
1.4 CITY - ST - ZIP	FT. WALTON Bch, FL. 32548	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HESLIN, Wm.	
4.3 STREET ADDRESS	7056 LAGO MIRADO DR.	
4.4 CITY - ST - ZIP	GULF BREEZE, FL. 32566	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BARRONS, ANGELA	
5.3 STREET ADDRESS	115 HUGHES ST. F-6	
5.4 CITY - ST - ZIP	FT. WALTON Bch, FL 32548	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CAPRON, MARCIA	
6.3 STREET ADDRESS	8652 NAVARRE PKWAY 20F	
6.4 CITY - ST - ZIP	NAVARRE, FL. 32566	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (SECRETARY-TREASURER)

Date

1/19/97

Daytime Phone #

904-243-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0074088

CR2E037 (9/96)