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**Jan 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

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3. Date Incorporated or Qualified
11/02/1983

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**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**HUNT, GARY
731 SAILFISH DR.
GULF BREEZE, FL
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 *Gary W. Hunt* 1/13/98
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 HUNT, GARY 731 SAILFISH DR. FORT WALTON BEACH FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP SMITH, MELINDA 115 HUGHES ST. F-1 FT. WALTON BEACH FL	2.1 TITLE	VP CUEVAS, CAROLE
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	115 HUGHES ST E-5
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT WALTON Bch, FL, 32548
TITLE	TSD VERING, E. MARGUERITE 115 HUGHES ST, A-6 FT WALTON BEACH FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HELIN, WM 7056 LAGOMIRADO DR. GULF BREEZE FL	4.1 TITLE	D CAYER, JOSEPH R.
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	115 HUGHES ST. E-4
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. WALTON Bch, FL, 32548
TITLE	D BARRONS, ANGELA 115 HUGHES ST., E-6 FT. WALTON BEACH FL	5.1 TITLE	D ELLIS, MARANDA
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	115 HUGHES ST B-7
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT. WALTON Bch, FL, 32548
TITLE	D CAPRON, MARCIA 8652 NAVARRE PKWY, 20F NAVARRE FL	6.1 TITLE	D CHERRY, EDWARD A.
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	115 HUGHES ST. B-4
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT. WALTON Bch, FL, 32548

14. I 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. Margaret Vering* 1-989511-242-0441

CR2E037 (10/97)