


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

04-21-2004 90068 047 ****61.25

DOCUMENT # 771032
 1. Entity Name
BIENVILLE SQUARE TOWNHOUSE OWNERS' ASSOCIATION, INC.



Principal Place of Business
**115 HUGHES ST NE
 FORT WALTON BEACH FL 32548
 US**

Mailing Address
**P.O. BOX 1844
 FT WALTON BCH FL 32549
 US**

2. Principal Place of Business
115 Hughes St. NE
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1844
 Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State
Fort Walton Bch. Fla.

City & State
Fort Walton Bch. Fla.

Zip
32548

Country
USA

Zip
32549

Country
USA

4. FEI Number
59-2591906

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HAYES, ROBERT
 115 HUGHES ST NE B-7
 FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent
 Name **Joanna Martin**
 Street Address (P.O. Box Number is Not Acceptable)
Position Vacant 59 Oregon Dr. NE
 City **Fort Walton Bch. Fla.** FL Zip Code **32548**

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 **Joanna Martin**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

8. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYES, ROBERT 115 HUGHES ST NE B-7 FORT WALTON BEACH FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELLS, MICHELLE 115 HUGHES ST NE F-1 FT. WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTIN, JOANNA 59 OREGON DR NE FORT WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHARATI, SWAMI J 115 HUGHES ST NE A-1 FORT WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERING, MARGUERITE 115 HUGHES ST NE A-6 FT. WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZABAN, RAOSLAW 115 HUGHES ST NE C-1 FT WALTON BCH FL 32548	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wells, Michelle 423 Fleetwood Dr MARY Esther Fla 32549	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Martin, Joanna 59 Oregon Dr. NE Fort Walton Bch FL 32548	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bharati, Swami J 115 Hughes St. NE. A-1 Fort Walton Bch FL 32548	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wells, Noel 423 Fleetwood Dr Mary Esther Fl. 32569	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 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: **Michelle A. Wells** **Michelle A. Wells** **4/19/04** **850-796-2920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #