
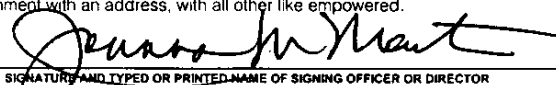



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90020 037 ****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 | | 40021000 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 01042008 Chg-NP CR2E037 (12/06) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 59-2591906 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MARTIN, JOANNA 59 OREGON DR NE FORT WALTON BEACH, FL 32548 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | VPD DORMAN, BARBARA 306 SIKES CIRCLE FORT WALTON BEACH, FL 32548 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Judy Dean 115 Hughes St, A-3 Ft. Walton Beach, FL 32548 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ABERNATHY, TATIANA 115 HUGHES ST B7 FORT WALTON BEACH, FL 32548 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MARTIN, JOANNA 59 OREGON DR NE FORT WALTON BEACH, FL 32548 | <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 | SD ASHLEY SUKALSKI 115 HUGHES ST, D1 FORT WALTON BEACH, FL 32548 | <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 | D Judy Potts 115 Hughes St, A-5 Ft. Walton Beach, FL 32548 | <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 | D Rufina Yumul 115 Hughes St, B-4 Ft. Walton Beach, FL 32548 | <input type="checkbox"/> Change <input checked="" 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:  | | President  | | 850-664-5455 1/29/08 Daytime Phone # | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

DOCUMENT #771032

ATTACHMENT

11. (Total of 7 Board Members)

40027688
#771032

D
Aaron Fogarty
115 Hughes St, D-3
Ft. Walton Beach, FL 32548

Addition

