


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90192 026 \*\*\*\*61.25

DOCUMENT # N0100007572			
1. Entity Name BONAPARTE CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 920 THIRD ST SUITE B NEPTUNE BEACH, FL 32266		Mailing Address 920 THIRD ST SUITE B NEPTUNE BEACH, FL 32266	
2. Principal Place of Business <i>One San Jose Place</i>		3. Mailing Address <i>PO BOX 5711</i>	
Suite, Apt. #, etc. <i>Suite 34</i>		Suite, Apt. #, etc.	
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>	
Zip <i>32057</i>		Country <i>USA</i>	
Zip <i>32041</i>		Country <i>USA</i>	
4. FEI Number NOT APPLICABLE		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 WALLACE, DENISE L 920 THIRD ST SUITE B NEPTUNE BEACH, FL 32266		7. Name and Address of New Registered Agent Name <i>Lauren Carr</i> Street Address (P.O. Box Number is Not Acceptable) <i>One San Jose Place</i> <i>Ste 34</i> City <i>Jacksonville</i> FL Zip Code <i>32057</i>	
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 <i>Lauren Carr</i> DATE <i>5/3/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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	D WARWICK, FLOYD J JR 12933 JULINGTON ROAD JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gregory A. Jacobs 7100 Bonaparte Drive Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSTIE, RENE JR 9301 OLD KINGS RD. JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Laurie LaPointe 1638 Bonaparte Lane S. Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLFE, LAWRENCE C P O BOX 4400 JACKSONVILLE, FL 322014400 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Craig A. Adams 13243 Bonaparte Crossing Drive W Jacksonville, FL 32218 <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	<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	<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	<input type="checkbox"/> Change <input 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 817, 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: <i>Gregory A. Jacobs</i>		Date <i>3/29/06</i> Daytime Phone # <i>(904) 714-9157</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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