


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90202 030 ****61.25

DOCUMENT # N01000007572			
1. Entity Name BONAPARTE CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business ONE SAN JOSE PLACE SUITE 34 JACKSONVILLE, FL 32257		Mailing Address PO BOX 57911 JACKSONVILLE, FL 32241	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARR, LAUREN ONE SAN JOSE PLACE JACKSONVILLE, FL 32257		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 <u>Lauren Carr</u>		DATE <u>4/11/07</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, GREGORY A	NAME	
STREET ADDRESS	760 BONA PARTE DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPOINTE, LAURIE	NAME	
STREET ADDRESS	638 BONAPARTE LN SOUTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, CRAIG A	NAME	Adams, Craig A
STREET ADDRESS	13243 BONAPARTE CROSSING DR WEST	STREET ADDRESS	13243 Bonaparte Crossing Dr. W
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	<input type="checkbox"/> Delete	TITLE	VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Wellford C Reed III
STREET ADDRESS		STREET ADDRESS	697 Bonaparte Ln S
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	<input type="checkbox"/> Delete	TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Kenneth J. Knapik
STREET ADDRESS		STREET ADDRESS	637 Bonaparte Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Lauren Carr</u>		DATE <u>4/11/07</u> DAYTIME PHONE # <u>904-260-9183</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

