

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007572

FILED
Feb 14, 2012
Secretary of State

Entity Name: BONAPARTE CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ONE SAN JOSE PLACE
SUITE 27
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

PO BOX 57911
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 65-1187005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, LAUREN
ONE SAN JOSE PLACE
27
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DS
Name: BRADLEY, COREY
Address: 632 SID DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: PD
Name: OLSON, JACKI
Address: 623 SID DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD
Name: SIMAO, LAUREN
Address: 687 SID DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD
Name: SHAMI, MIKE
Address: 698 BONAPARTE DR.
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN CARR

MGR

02/14/2012

Electronic Signature of Signing Officer or Director

Date