

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003526

FILED
Aug 25, 2006
Secretary of State

Entity Name: BONNEVILLE PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2102 DONEGAN PL
ORLANDO, FL 32826 US

New Principal Place of Business:

13823 GLASSER
ORLANDO, FL 32826 US

Current Mailing Address:

2102 DONEGAN PL
ORLANDO, FL 32826 US

New Mailing Address:

P.O. BOX 679147
ORLANDO, FL 32867 US

FEI Number: 59-3231583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MADYUN, ABBAS
2122 DONEGAN PL
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

DELVALLE, LAURA
13823 GLASSER AVENUE
ORLANDO, FL 32826 US

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: LAURA DELVALLE

08/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MADYON, ABBAS
Address: 2122 DONEGAN PL
City-St-Zip: ORLANDO, FL 32826

Title: S/T () Delete
Name: WATSON, DIANA
Address: 2316 JUSTIN AVE
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: ARROYO, NILDA
Address: 2332 JUSTIN AVE
City-St-Zip: ORLANDO, FL 32826

Title: D (X) Delete
Name: PHILLIPS, NEIL
Address: 2215 JUSTIN AVE
City-St-Zip: ORLANDO, FL 32826

Title: VP (X) Delete
Name: BOTELHO, MICHAEL
Address: 2131 DONEGAN PL
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARROYO, NILDA
Address: 2332 JUSTIN AVENUE
City-St-Zip: ORLANDO, FL 32826

Title: S/T (X) Change () Addition
Name: DELVALLE, LAURA
Address: 13823 GLASSER AVENUE
City-St-Zip: ORLANDO, FL 32826

Title: VP (X) Change () Addition
Name: ATHRIDGE, LOUIS O
Address: 13726 GLASSER AVENUE
City-St-Zip: ORLANDO, FL 32826

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAURA DELVALLE

S/T

08/25/2006

Electronic Signature of Signing Officer or Director

Date