

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771032

FILED
Apr 24, 2014
Secretary of State
CC1701308772

Entity Name: BIENVILLE SQUARE TOWNHOUSE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

115 HUGHES ST NE
FORT WALTON BEACH, FL 32548

Current Mailing Address:

P.O. BOX 1844
FT WALTON BCH, FL 32549 US

FEI Number: 59-2591906

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRESTARRI, TERIA
422 BALLY WAY
NICEVILLE, FL 32578 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name PRESTARRI, TERIA
Address 422 BALLY WAY
City-State-Zip: NICEVILLE FL 32578

Title VPD
Name HUGHES, ROGER
Address 101 POQUITO RD
City-State-Zip: SHALIMAR FL 32579

Title TD
Name ROBERTS, TERRI
Address 580 MOONEY RD, NE
City-State-Zip: FORT WALTON BEACH FL 32547

Title SD
Name DORMAN, BARBARA
Address 306 SIKES CIRCLE
City-State-Zip: FORT WALTON BEACH FL 32548

Title D
Name JONES, CAROLE
Address 108 NEBRASKA AVE
City-State-Zip: FORT WALTON BEACH FL 32548

Title MGR
Name COX, SUSAN
Address 348 HOLMES BLVD, NW
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR
Name COUTO, JUDY
Address 302 SUDDUTH CIRCLE NE
City-State-Zip: FORT WALTON BEACH FL 32548

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: SUSAN COX

MANAGER

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date