

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 16, 2014
Secretary of State
CC0647067084

Entity Name: BONAPARTE CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ONE SAN JOSE PLACE
SUITE 27
JACKSONVILLE, FL 32257

Current Mailing Address:

PO BOX 57911
JACKSONVILLE, FL 32241

FEI Number: 65-1187005

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARR, LAUREN
ONE SAN JOSE PLACE
27
JACKSONVILLE, FL 32257 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 COLLINGS, ASHLEY
Address 653 BONAPARTE DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title VPD
Name KNAPIK, CONSTANCE
Address 637 BONAPARTE DR.
City-State-Zip: JACKSONVILLE FL 32218

Title TD
Name HOULTZHOUSER, DENISE
Address 660 SID DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title SD
Name RAY, TANYA
Address 719 SID DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name ASHLEY, MITCH
Address 663 SID DRIVE
City-State-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: ASHLEY COLLINGS

PRESIDENT

04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date