

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007572

**FILED  
Apr 22, 2015  
Secretary of State  
CC0981574667**

**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 ST  
Name RAY, TANYA  
Address 719 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**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date