

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007572

**Entity Name:** BONAPARTE CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC7759766943**

**Current Principal Place of Business:**

8030 RAILROAD RD  
BRYCEVILLE, FL 32009

**Current Mailing Address:**

PO BOX 1958  
CALLAHAN, FL 32011 US

**FEI Number: 65-1187005**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BALDERSON, RENEE  
8030 RAILROAD RD  
BRYCEVILLE, FL 32009 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: RENEE BALDERSON**

**03/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name HAYES, JUSTIN  
Address 613 BONAPARTE DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title VP  
Name PAGEAU, ANNA  
Address 711 SID DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY  
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: LEONARD OLSON**

**PRESIDENT**

**03/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date