

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90149 011 \*\*\*\*61.25

**DOCUMENT # 748604**  
1. Entity Name  
**BEAU RVAGE ESTATES HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**108 COVE VIEW  
STUART FL 34994**

Mailing Address  
**P.O. BOX 1395  
JENSEN BEACH FL 34958**



2. Principal Place of Business  
**102 COVE VIEW**

3. Mailing Address  
**PO BOX 1395**

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State  
**STUART**

City & State  
**JENSEN BEACH**

Zip  
**FL**

Country  
**34994**

Zip  
**FL**

Country  
**34958**

4. FEI Number  
**59-1981699**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CEA, COLLEEN  
110 COVE VIEW  
STUART FL 34994**

7. Name and Address of New Registered Agent  
Name  
**BILDER JAMES**

Street Address (P.O. Box Number is Not Acceptable)  
**102 COVE VIEW**

City  
**STUART**

FL Zip Code  
**34994**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JAMES BILDER (PRESIDENT) 29 MAY 2006  
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CEA, COLLEEN 110 COVE VIEW STUART FL 34994 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BACAK, RON 132 CAPTWA CORE STUART FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WEBB, LYNN 100 COVE VIEW STUART FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CEA, COLLEEN 110 COVE VIEW STUART FL 34994 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORTAZZO, JOHN 128 COVE VIEW STUART FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD. BILDER JAMES 102 COVE VIEW STUART FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEBB LYNN 100 COVE VIEW STUART FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BILDER, CHARLOTTE 102 COVE VIEW STUART FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BILDER (PRESIDENT) 29 MAY 2006 772-398-9546