


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
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2. Principal Place of Business 102 COVE VIEW	3. Mailing Address PO BOX 1395
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State STUART	City & State JENSEN BEACH
Zip FL	Country 34994
Zip FL	Country 34994

4. FEI Number 59-1981699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CEA, COLLEEN 110 COVE VIEW STUART FL 34994	
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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	
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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 <small>Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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	TD 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