


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90031 004 ****61.25

DOCUMENT # 748604 1. Entity Name BEAU RIVAGE ESTATES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 102 COVE VIEW STUART, FL 34994			Mailing Address POB 1395 STUART, FL 34994		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1981699	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEYES, ELLEN 131 WIDE RIVER COVE STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE: <u><i>Ellen M Keyes</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>4-1-08</u>		
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEYES, ELLEN 131 WIDE RIVER COVE STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAUL AANHOLT 130 WIDE RIVER COVE STUART FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERRONE, GLENN 130 CAPTIVA COVE STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBB, LYNN 100 COVE VIEW STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBB, LYNN 100 COVE VIEW STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BILDER, CHARLOTTE 102 COVE VIEW STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BILDER, CHARLOTTE 102 COVE VIEW STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTAZZO, JOHN 128 COVE VIEW STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTAZZO, JOHN 128 COVE VIEW STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Ellen M Keyes</i></u> <i>Ellen Keyes President</i> <u>4-1-08</u> <u>335-5704</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					