

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771032

FILED
Jul 16, 2007
Secretary of State

Entity Name: BIENVILLE SQUARE TOWNHOUSE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

115 HUGHES ST NE
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1844
FT WALTON BCH, FL 32549 US

New Mailing Address:

FEI Number: 59-2591906 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTIN, JOANNA
59 ORANGE DR NE
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

MARTIN, JOANNA
59 OREGON DR NE
FORT WALTON BEACH, FL 32548 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:

07/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DORMAN, BARBARA
Address: 306 SIKES CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: STD () Delete
Name: ABERNATHY, TATIANA
Address: 115 HUGHES ST B7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PD () Delete
Name: MARTIN, JOANNA
Address: 59 OREGON DR NE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Delete
Name: BHARATI, SWAMI
Address: 115 HUGHES ST A1
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Delete
Name: HOLMES, ELIZABETH
Address: 115 HUGHES ST D3
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOANNA M. MARTIN

PD

07/16/2007

Electronic Signature of Signing Officer or Director

Date