

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771032

FILED  
Mar 02, 2009  
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 ( )**

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

GOLDSBOROUGH, WILLIAM C  
114 HUGHES ST N E B-1  
FORT WALTON BEACH, FL 32548 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: DEAN, JUDY  
Address: 115 HUGHES ST A-3  
City-St-Zip: FORT WALTON BEACH, FL 32548

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

Title: P ( ) Delete  
Name: GOLDSBOROUGH, WILLIAM C  
Address: 115 HUGHES ST N E B-1  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: SD ( ) Delete  
Name: SUKALSKI, ASHLEY  
Address: 115 HUGHES ST D1  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: POTTS, JUDY  
Address: 115 HUGHES ST A-5  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: YUMUL, RUFINA  
Address: 115 HUGHES ST B-4  
City-St-Zip: FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: PRESTARRI, TERIA R  
Address: 422 BALLY WAY  
City-St-Zip: NICEVILLE, FL 32578

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

Title: SD (X) Change ( ) Addition  
Name: PRESTARRI, TERIA R  
Address: 422 BALLY WAY  
City-St-Zip: NICEVILLE, FL 32578

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: TERIA R PRESTARRI

TD

03/02/2009

Electronic Signature of Signing Officer or Director

Date