

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007572

FILED  
Apr 04, 2008  
Secretary of State

**Entity Name:** BONAPARTE CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE SAN JOSE PLACE  
SUITE 34  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

ONE SAN JOSE PLACE  
SUITE 27  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

PO BOX 57911  
JACKSONVILLE, FL 32241

**New Mailing Address:**

FEI Number: 65-1187005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARR, LAUREN  
ONE SAN JOSE PLACE  
JACKSONVILLE, FL 32257 US

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

CARR, LAUREN  
ONE SAN JOSE PLACE  
27  
JACKSONVILLE, FL 32257 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:

04/04/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPS ( ) Delete  
Name: REED, WELLFORD C III  
Address: 627 BONAPARTE LN S  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DT ( ) Delete  
Name: KNAPIK, KENNETH J  
Address: 637 BONAPARTE DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: P ( ) Delete  
Name: ADAMS, CRAIG A  
Address: 13243 BONAPARTE CROSSING DR WEST  
City-St-Zip: JACKSONVILLE, FL 32218

**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:

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: LAUREN CARR

MGR

04/04/2008

Electronic Signature of Signing Officer or Director

Date