2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N01000007572

Entity Name: BONAPARTE CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ONE SAN JOSE PLACE
SUITE 27
JACKSONVILLE, FL 32257

New Principal Place of Business:

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
27
JACKSONVILLE, FL 32257 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: 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: P (X) Change ( ) Addition
Name: REED, WELLFORD C III
Address: 627 BONAPARTE LN S
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP (X) Change ( ) Addition
Name: KNAPIK, KENNETH J
Address: 637 BONAPARTE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD (X) Change ( ) Addition
Name: ADAMS, BRITT A
Address: 13243 BONAPARTE CROSSING DR WEST
City-St-Zip: JACKSONVILLE, FL 32218

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 03/16/2009

Electronic Signature of Signing Officer or Director — Date