

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01678

FILED
Apr 25, 2009
Secretary of State

Entity Name: BEAUCLERC LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6015 MORROW ST E.
SUITE 107
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

6015 MORROW ST E
STE 107
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-2379094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANNING, TERENCE K
6015 MORROW ST E 107
#107
JACKSONVILLE, FL 32217 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: T () Delete
Name: HEAVENER, MATTHEW
Address: 8761 PERIMETER PARK BLVD., #10
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: HOLLEY, BETH
Address: 8300 PLAZA GATE LN. 1083
City-St-Zip: JACKSONVILLE, FL 32217

Title: DST () Delete
Name: BECKER, LOUANN
Address: 8300 PLAZA GATE LANE #1234
City-St-Zip: JACKSONVILLE, FL 32217

Title: PD (X) Delete
Name: ABDULLAH, JAMES
Address: 8300 PLAZA GATE LN #1174
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ABDULLAH, JAMES
Address: 8300 PLAZA GATE LN 1074
City-St-Zip: JACKSONVILLE, FL 32217

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: JAMES ABDULLAH

PD

04/25/2009

Electronic Signature of Signing Officer or Director

Date