2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000338

FILED Apr 26, 2006 Secretary of State

Entity Name: BAINEBRIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

920 THIRD ST STE B 920 THIRD ST

NEPTUNE BCH, FL 32266 STE B

NEPTUNE BCH, FL 32266 US

Current Mailing Address: New Mailing Address:

920 THIRD ST STE B 920 THIRD ST

NEPTUNE BCH, FL 32266 STE B

NEPTUNE BCH, FL 32266 US

FEI Number: 04-3794465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WALLACE, L. DENISE WALLACE, L. DENISE 920 THIRD ST STE B 920 THIRD ST

NEPTUNE BCH, FL 32266 US STE B NEPTUNE BCH, FL 32266 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: 04/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: DP (X) Change () Addition

 Name:
 KNOWLES, MARK A
 Name:
 KNOWLES, MARK A

 Address:
 3840 CROWN PT RD STE A
 Address:
 3840 CROWN PT RD STE A

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 JACKSONVILLE, FL 32257 US

Title: DV () Delete Title: DV (X) Change () Addition Name: HOLLAND, BEVERLY J Name: HOLLAND, BEVERLY J

Address: 3840 CROWN PT RD STE A
City-St-Zip: JACKSONVILLE, FL 32257

Address: 3840 CROWN PT RD STE A
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: DST () Delete Title: DST (X) Change () Addition

 Name:
 WALLACE, L. DENISE
 Name:
 WALLACE, L. DENISE

 Address:
 920 THIRD ST STE B
 Address:
 920 THIRD ST STE B

 City-St-Zip:
 NEPTUNE BCH, FL 32266
 City-St-Zip:
 NEPTUNE BCH, FL 32266 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK KNOWLES P 04/26/2006