

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003429

1. Entity Name
BELLE HAVEN OF ST. AUGUSTINE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
4475 U.S. HIGHWAY 1 SOUTH
SUITE 504
ST. AUGUSTINE, FL 32086

Mailing Address
4475 U.S. HIGHWAY 1 SOUTH
SUITE 504
ST. AUGUSTINE, FL 32086



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, KATHERINE G
780 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBINS, ELIZABETH
STREET ADDRESS 4475 U.S. HIGHWAY 1 SOUTH #504
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE VTD
NAME BUNKLEMAN, ANGELA
STREET ADDRESS 4475 U.S. HIGHWAY 1 SOUTH #504
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE SD
NAME ROBINS, INGRID
STREET ADDRESS 4475 U.S. HIGHWAY 1 SOUTH #504
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE
NAME
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000000539640
01/25/07-80035-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/07

Daytime Phone # _____