


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 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
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01212008 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 <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINS, ELIZABETH 4475 U.S. HIGHWAY 1 SOUTH #504 ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BUNKLEMAN, ANGELA 4475 U.S. HIGHWAY 1 SOUTH #504 ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINS, INGRID 4475 U.S. HIGHWAY 1 SOUTH #504 ST. AUGUSTINE, FL 32086
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 05/30/08-90066-020 61.25

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: Elizabeth Robins **5/1/08** **904794 1082**
Signature and typed or printed name of signing officer or director Date Daytime Phone #