

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
May 05, 2009  
Secretary of State**

DOCUMENT# N04000003429

**Entity Name:** BELLE HAVEN OF ST. AUGUSTINE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4475 U.S. HIGHWAY 1 SOUTH  
SUITE 504  
ST. AUGUSTINE, FL 32086**New Principal Place of Business:**C/O MAY MGMT SERVICES, INC.  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080**Current Mailing Address:**4475 U.S. HIGHWAY 1 SOUTH  
SUITE 504  
ST. AUGUSTINE, FL 32086**New Mailing Address:**5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080

FEI Number: 02-0759533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**JONES, KATHERINE G  
780 NORTH PONCE DE LEON BOULEVARD  
ST. AUGUSTINE, FL 32084 US**Name and Address of New Registered Agent:**MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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: MAY MANAGEMENT SERVICE, INC.

05/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: ROBINS, ELIZABETH  
Address: 4475 U.S. HIGHWAY 1 SOUTH #504  
City-St-Zip: ST. AUGUSTINE, FL 32086Title: VTD ( ) Delete  
Name: BUNKLEMAN, ANGELA  
Address: 4475 U.S. HIGHWAY 1 SOUTH #504  
City-St-Zip: ST. AUGUSTINE, FL 32086Title: SD ( ) Delete  
Name: ROBINS, INGRID  
Address: 4475 U.S. HIGHWAY 1 SOUTH #504  
City-St-Zip: ST. AUGUSTINE, FL 32086**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: SICKMON, PATRICIA  
Address: 104 LAUREL WOOD WAY, UNIT #B205  
City-St-Zip: ST. AUGUSTINE, FL 32086Title: SEC (X) Change ( ) Addition  
Name: MASTERSON, RAYMOND  
Address: 1776 FOREST CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225Title: TR (X) Change ( ) Addition  
Name: MOLONEY, ROBERT  
Address: 112 LAUREL WOOD WAY, UNIT #G203  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: PATRICIA SICKMON

PD

05/05/2009

Electronic Signature of Signing Officer or Director

Date