

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 07, 2011
Secretary of State

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

Current Principal Place of Business:

C/O MAY MGMT SERVICES, INC.
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

C/O MAY MGMT SERVICES, INC.
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 02-0759533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 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: S/T
Name: BRYAN, JOSEPH K
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: PR
Name: MASTERSON, RAYMOND
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP
Name: ARTZ, KATHLEEN
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D
Name: ROBINS, ELIZABETH
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D
Name: GARDNER, ROBERT
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND MASTERSON

PR

03/07/2011

Electronic Signature of Signing Officer or Director

Date