

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 07, 2012  
Secretary of State**

DOCUMENT# N04000003429

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

**Current Principal Place of Business:**

**New Principal Place of Business:**

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

**Current Mailing Address:**

**New Mailing Address:**

C/O MAY MGMT SERVICES, INC.  
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:**

**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: \_\_\_\_\_

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

Title: P  
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: JOSEPH K BRYAN

S/T

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date