


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

| | |
|---|---|
| DOCUMENT # N04000003780 1. Entity Name BEAUVILLE COMMUNITY DEVELOPMENT CORPORATION FOR SCOTT & CARVER RESIDENTS |  |
|---|---|

06 MAR 24 PM 2:47

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|---|---|
| Principal Place of Business 1600 NW 77 TERRACE MIAMI FL 33147 | Mailing Address 1600 NW 77 TERRACE MIAMI FL 33147 |
|---|---|



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

47

1st MOORE CR2E037 (10/05)

| | |
|---|--|
| 4. FEI Number 30-0337589 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| HINES, LOTTIE M 1600 NW 77 TERRACE MIAMI FL 33147 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE: PD NAME: HINES, LOTTIE STREET ADDRESS: 1600 NW 77 TERRACE CITY-ST-ZIP: MIAMI FL 33147 <input type="checkbox"/> Delete | |
| TITLE: SD NAME: JACKSON, LILLIE STREET ADDRESS: 1600 NW 77 TERRACE CITY-ST-ZIP: MIAMI FL 33147 <input type="checkbox"/> Delete | |
| TITLE: D NAME: SMITH, LIZIE STREET ADDRESS: 1600 NW 77 TERRACE CITY-ST-ZIP: MIAMI FL 33147 <input type="checkbox"/> Delete | |
| TITLE: VPD NAME: HARGRETT, CAROLYN STREET ADDRESS: 1600 NW 77 TERRACE CITY-ST-ZIP: MIAMI FL 33147 <input type="checkbox"/> Delete | |
| TITLE: TD NAME: JONES, BERTHA STREET ADDRESS: 1600 NW 77 TERRACE CITY-ST-ZIP: MIAMI FL 33147 <input type="checkbox"/> Delete | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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04/18/06 01029 015 ***61.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

2-8-06