2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90069 041 ****61.25

DOCUMENT # N05000000057

1. Entity Name
VILLA BEAUCLERC CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256

01042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5455 U.S. Hwy A1A South
City & State	City & State ST. AUGUSTINE, FL.
Zip / Country	Zip 32080 / Country USA

4. FEI Number 20-2412609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOAN, JAN 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	Name: MAY MANAGEMENT SVC. INC. Street Address (P.O. Box Number is Not Acceptable): 5455 U.S. Hwy A1A South City: ST. AUGUSTINE FL Zip Code: 32080

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 Cynthia H Neil, Treasurer 1/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNS, KENNETH L JR. 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZAKOSKE, JOHN 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DOAN, JAN 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Kenneth L. Johns Jr. 1-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #