2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State
03-21-2007 90037 034 ****61.25

DOCUMENT # N05000000057

1. Entity Name
VILLA BEAUCLERC CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
~~9456 PHILIPS HIGHWAY, SUITE 1~~
~~JACKSONVILLE, FL 32256~~
MAY MANAGEMENT
5455 A1A SOUTH
ST. AUGUSTINE FL 32080

Mailing Address
C/O MAY MGMT. SVC. INC.
5455 U.S. A1A SOUTH
SAINT AUGUSTINE, FL 32080

02272007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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

MAY MANAGEMENT SVC., INC.
5455 U.S. HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080

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 reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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 ZOKOSKE, JOHN 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOHN F LYNCH III 9605 AIRMATE CIRCLE #4 JACKSONVILLE FL. 32256 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEARING, MARK C 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY TRUSY DIRJA 9605 BEDA WAY #4 JACKSONVILLE FL. 32256 ☐ 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	TREASURER CALEB KITCHINGS 9605 AIRMATE CIRCLE #4 JACKSONVILLE FL 32256 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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: _____ 3-19-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #