2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# N05000000057

Entity Name: VILLA BEAUCLERC CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

MAY MANAGEMENT
5455 A1A SOUTH, SUITE 3
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

10036 SAWGRASS DR. W.
SUITE 1
JACKSONVILLE, FL 32082

Current Mailing Address:

C/O MAY MANAGEMENT SERVICES
5455 A1A SOUTH, SUITE 3
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-2412609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SUITE 3
SAINT 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: P
Name: FARRAND, STEVEN
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP
Name: LYNCH, III, JOHN
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T
Name: KINA, RAJNA
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S
Name: MENEFEE, LAURIE A
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: SAINT 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: RAJNA KINA T 04/06/2010

Electronic Signature of Signing Officer or Director — Date