ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State
03-07-2006 90004 045 ****61.25

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1. Entity Name
BEAUCLAIRE RANCH CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4121 COUNTY ROAD 561 TAVARES, FL 32778	PO BOX 527 ASTATULA, FL 34705

02212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
931 N. STATE ROAD 434	931 N. STATE ROAD 434
Suite, Apt. #, etc. SUITE 1201-344	Suite, Apt. #, etc. Suite 1201-344
City & State ALTAMONTE SPRINGS, FL.	City & State ALTAMONTE SPRINGS, FL.
Zip: 32714-7022 Country: LAKE	Zip: 32714-7022 Country: LAKE

4. FEI Number: 55-0903596 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHEY, STEVEN J ESQ
601 SOUTH NINTH STREET
LEESBURG, FL 34748

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, 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	D FORBES, JEFFRY PO BOX 527 ASTATULA, FL 34705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT WILLIAM BUNTING 931 N. STATE ROAD 434 SUITE 1201-344 ALTAMONTE SPRINGS, FL. 32714-7022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORBES, CHRIS PO BOX 527 ASTATULA, FL 34705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Forbes, Chris 931 N. State Road. 434 Suite 1201-344 Altamonte Springs, FL. 32714-7022	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCALPINE, WILLIAM PO BOX 527 ASTATULA, FL 34705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER GEOFFREY S. GALLO 931 N. STATE 434 SUITE 1201-344 ALTAMONTE SPRINGS, FL. 32714-7022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary LAURA E. MICHAEL 931 N. STATE ROAD 434 SUITE 1201-344 ALTAMONTE SPRINGS, FL. 32714-7022	☐ 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: Geoffrey S. Gallo - TREASURER 3/3/2006 407-579-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #