2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# N05000001866

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

Current Principal Place of Business:

931 N STATE RD 434
SUITE 1201-344
ALTAMONTE SPRINGS, FL 327147022

New Principal Place of Business:

Current Mailing Address:

931 N STATE RD 434
SUITE 1201-344
ALTAMONTE SPRINGS, FL 327147022

New Mailing Address:

FEI Number: 55-0903596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHEY, STEVEN J ESQ
601 SOUTH NINTH STREET
LEESBURG, FL 34748 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 ( ) Delete
Name: BUNTING, WILLIAM
Address: 931 N STATE RD 434 SUITE 1201-344
City-St-Zip: ALTAMONTE SPRINGS, FL 327147022

Title: VP ( ) Delete
Name: FORBES, CHRIS
Address: 931 N STATE RD 434 SUITE 1201-344
City-St-Zip: ALTAMONTE SPRINGS, FL 327147022

Title: T (X) Delete
Name: GALLO, GEOFFREY S
Address: 931 N STATE RD 434 SUITE 1201-344
City-St-Zip: ALTAMONTE SPRINGS, FL 327147022

Title: S ( ) Delete
Name: MICHAEL, LAURA E
Address: 931 N STATE RD 434 SUITE 1201-344
City-St-Zip: ALTAMONTE SPRINGS, FL 327147022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: RAUCCI, JOSEPH
Address: 931 N STATE RD 434 SUITE 1201-344
City-St-Zip: ALTAMONTE SPRINGS, FL 327147022

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH L RAUCCI T 04/12/2007

Electronic Signature of Signing Officer or Director — Date