

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001866

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

18950 HWY 441
#107
MT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

18950 HWY 441
#107
MT DORA, FL 32757

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:

SHIPLEY LAW FIRM
131 WATERMAN AVENUE
MOUNT DORA, FL 327579541 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: 18950 HWY 441
City-St-Zip: MT DORA, FL 32757

Title: T () Delete
Name: RAUCCI, JOSEPH
Address: 18950 HWY 441
City-St-Zip: MT DORA, FL 32757

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARNER, COREY
Address: 18950 HWY 441
City-St-Zip: MT DORA, FL 32757

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

Title: V () Change (X) Addition
Name: BARILLAS, SERGIO
Address: 18950 HWY 441
City-St-Zip: MT DORA, FL 32757

Title: D () Change (X) Addition
Name: MICHEAL, LAURA
Address: 18950 HWY 441
City-St-Zip: MT DORA, FL 32757

Title: D () Change (X) Addition
Name: WRIGHT, STEPHEN
Address: 18950 HWY 441
City-St-Zip: MT DORA, FL 32757

Title: D () Change (X) Addition
Name: GARNER, COBY
Address: 18950 HWY 441
City-St-Zip: MT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify 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

04/16/2009

Electronic Signature of Signing Officer or Director

Date