


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90195 019 \*\*\*\*61.25

<b>DOCUMENT # N05000003541</b>		
1. Entity Name BEACON HILL CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653	Mailing Address 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40085858



04172007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3125787	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LINDSEY, GLENDA 5522 NW 43 STREET GAINESVILLE, FL 32653	7. Name and Address of New Registered Agent Name <u>CAROL MORALES</u> Street Address (P.O. Box Number is Not Acceptable) <u>40 BOSCHARDT PROPERTY MANAGEMENT INC</u> <u>5522 NW 43 ST.</u> City <u>GAINESVILLE</u> FL Zip Code <u>32653</u>
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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 <u><i>Carol Morales</i></u> Signature, typed or printed name of registered agent and title if applicable	<u>CAROL MORALES</u> <u>4-18-07</u> (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCAULEY, RICHARD 6704 NW 160 ST ALACHUA, FL 32615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. CHRISTEN BUMAN 237 SE 16 AVE #13 GAINESVILLE, FL 32601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TRUNNELL, GREGORY 4209 NW 155 TERRACE NEWBERRY, FL 32669 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRISTEN SMALLWOOD 237 SE 16 AVE #12 GAINESVILLE, FL 32601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRUNNELL, CATHERINE 4209 NW 155 TERRACE NEWBERRY, FL 32669 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO W. BRAD STEPHENS 237 SE 16 AVE #8 GAINESVILLE, FL 32601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUFORD, MARY A 2625 SW 75 STREET APT 1303 GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Christen Buman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>CHRISTEN BUMAN</u> <u>4-22-07</u> <u>352-240-2713</u> Date Daytime Phone #