## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003541

FILED Apr 27, 2009 Secretary of State

Entity Name: BEACON HILL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653

Current Mailing Address: New Mailing Address:

5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653

FEI Number: 20-3125787 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORALES, CAROL

MORALES, CAROL

O(O PAGOLIA PRE PROPERTIES MANAGEMENT INC.

C/O BASSHARDT PROPERTIES MANAGEMENT INC

C/O BOSSHARDT PROPERTY MANAGEMENT INC

5522 NW 43 ST 5522 NW 43 ST

GAINESVILLE, FL 32653 US GAINESVILLE, FL 32653 US

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: 04/27/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 BUMAN, CHRISTEN
 Name:
 SMALLWOOD, KRISTAN

 Address:
 237 SE 16 AVE #13
 Address:
 237 SE 16 AVE #12

Address: 237 SE 16 AVE #13 Address: 237 SE 16 AVE #12

City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32601

Title: VPT ( ) Delete Title: VP (X) Change ( ) Addition Name: BUMAN, MATTHEW Name: BUMAN, MATTHEW

 Name:
 BUMAN, MATTHEW
 Name:
 BUMAN, MATTHEW

 Address:
 237 SE 16 AVE # 13
 Address:
 237 SE 16 AVE # 13

 City-St-Zip:
 GAINESVILLE, FL 32601
 City-St-Zip:
 GAINESVILLE, FL 32601

Title: SD ( ) Delete Title: ST (X) Change ( ) Addition

 Name:
 SCHUMACHER, LAUREN
 Name:
 BUMAN, KRISTEN

 Address:
 235 SE 16 AVE # 3
 Address:
 235 SE 16 AVE # 13

 City-St-Zip:
 GAINESVILLE, FL 32601
 City-St-Zip:
 GAINESVILLE, FL 32601

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: KRISTAN SMALLWOOD PD 04/27/2009