

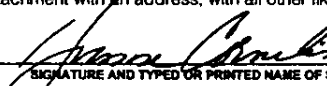


61.25

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N05000005721</b> 1. Entity Name <b>BEVILLE BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> <b>06 MAR -8 AM 10:20</b> DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>947 BEVILLE RD. S DAYTONA, FL 32119</b>				Mailing Address <b>4668 HALIFAX DRIVE PORT ORANGE, FL 32127</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		01122006 Chg-NP CR2E037 (11/05)			
City & State		City & State		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FOSTER, WALTER E III 315 S PALMETTO AVE DAYTONA BCH, FL 32114</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DPT			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORNELIS, TERRANCE J			NAME	1909 S. RIVERSIDE DR #8		
STREET ADDRESS	4668 HALIFAX DR			STREET ADDRESS	EDGEWATER, FL 32141		
CITY-ST-ZIP	PORT ORANGE, FL 32127			CITY-ST-ZIP	EDGEWATER, FL 32141		
TITLE	DVS			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORNELIS, YVONNE			NAME	1909 S. RIVERSIDE DR. #8		
STREET ADDRESS	4668 HALIFAX DR			STREET ADDRESS	EDGEWATER, FL 32141		
CITY-ST-ZIP	PORT ORANGE, FL 32127			CITY-ST-ZIP	EDGEWATER, FL 32141		
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOSTER, WALTER E III			NAME			
STREET ADDRESS	315 S PALMETTO AVE			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH, FL 32114			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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.							
<b>SIGNATURE:</b> 				2/7/06 386-760-4999			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			