

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007426

FILED
Mar 24, 2008
Secretary of State

Entity Name: BEAUCLERC HIDEAWAY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3685-1 CROWN POINT CT.
JACKSONVILLE, FL 32257

New Principal Place of Business:

475 WEST TOWN PLACE
SUITE 200
ST. AUGUSTINE, FL 32092

Current Mailing Address:

P. O. BOX 551260
JACKSONVILLE, FL 322551260

New Mailing Address:

475 WEST TOWN PLACE
SUITE 200
ST. AUGUSTINE, FL 32092

FEI Number: 20-3279454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

BARTLETT & DEAL, PA
135 PROFESSIONAL DR
STE. 101
PONTE VEDRA BEACH, FL 32082 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: BLAKE DEAL

03/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KANDAH, SAM
Address: 3685-1 CROWN POINT CT.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: KANDAH, MUNA
Address: 3685-1 CROWN POINT CT.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: QANDAH, OMAR
Address: 3685-1 CROWN POINT CT.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MURPHY, PATRICK T
Address: 475 W TOWN PLACE STE. 200
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: VD (X) Change () Addition
Name: MURPHY, MICHAEL A
Address: 475 W TOWN PLACE STE. 200
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: STD (X) Change () Addition
Name: HERBERT, EDWARD
Address: 475 W TOWN PLACE STE 200
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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: PATRICK T MURPHY

PD

03/24/2008

Electronic Signature of Signing Officer or Director

Date