

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007426

FILED  
Apr 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2120 SR 13 N  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 600615  
JACKSONVILLE, FL 32260

**FEI Number:** 20-3279454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARTLETT & DEAL, PA  
135 PROFESSIONAL DR  
STE. 101  
PONTE VEDRA BEACH, FL 32082 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: PD ( ) Delete  
Name: MURPHY, PATRICK T  
Address: 475 W TOWN PLACE STE. 200  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: MURPHY, PATRICK T  
Address: PO BOX 600615  
City-St-Zip: JACKSONVILLE, FL 32260 US

Title: VTD (X) Change ( ) Addition  
Name: MURPHY, MICHAEL A  
Address: PO BOX 600615  
City-St-Zip: JACKSONVILLE, FL 32260 US

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

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: MICHAEL A MURPHY

VTD

04/20/2009

Electronic Signature of Signing Officer or Director

Date