## **2008 NOT-FOR-PROFIT CORPORATION**

## FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90348 036 \*\*\*\*70.00

## ANNUAL REPORT

DOCUMENT # N0600003429  1. Entity Name BEATRICE WALK HOMEOWNERS ASSOCIATION, INC.					4	04-26-2006	90348 030	,	0.00
Principal Place of Business 6101 GAZEBO PARK PLACE N SUITE 107 JACKSONVILLE, FL 32257  Mailing Address P 0 BOX 65908 ORANGE PARK, FL 32065									
Principal Place of Business - No P.O. Box #     3. Mailing Address									
Suite, Apt. #, etc.		uite, Apt. #, etc.		04012008 C	hg-NP	CR2E037 (1	2/06)		
City & State		City & State			4. FEI Number 20-8054285			_	plied For Applicable
Zip	Country Zip Cou		Country		5. Certificate of S	tatus Desired		75 Adda	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name					
ENSELL, KURT A 125A INDUSTRIAL LOOP 🕠 ,				Street Address (P.O. Box Number is Not Acceptable)					
ORANGE PARK, FL 32073									
No. 19			City	-	FL Zip Code				
<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent.</li> </ol>						the State of Flo		ar with, a	and accept
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee' is \$61.25  Due by May 1, 2008  9. Election Campaign F  Trust Fund Contributi				g	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
10.	OFFICERS AND DIRECTORS	Delete	11.		ADDITIONS/CHANG	ES TO OFFICER			
NAME ATLEE, KEI STREET ADDRESS 4501 BEVE	NYON S RLY AVENUE ILLE, FL 32210	□ Delete	NAME STREÈT ADDRES CHY-ST-ZIP	ss			Ш,	Change	☐ Addition
	), ERIC RLY AVENUE ILLE, FL 32210	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss				Change	Addition
STREET ADDRESS 6101 GAZE	FERGUSON, JEFFREY			SS .				Change	Addition
STREET ADDRESS 6101 GAZE	SCHACTER, DAVID NAME			ss .				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS			(	Change	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 trustes 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:  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  Date  Dat									