

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003429

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: BEATRICE WALK HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

6101 GAZEBO PARK PLACE N  
SUITE 107  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

1712 KINGSLEY AV  
SUITE 2  
ORANGE PARK, FL 32073

## Current Mailing Address:

P O BOX 65908  
ORANGE PARK, FL 32065

## New Mailing Address:

FEI Number: 20-8054285      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ENSELL, KURT A  
125A INDUSTRIAL LOOP  
ORANGE PARK, FL 32073      US

## Name and Address of New Registered Agent:

ENSELL, KURT A  
1712 KINGSLEY AV  
SUITE 2  
ORANGE PARK, FL 32073      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: \_\_\_\_\_

04/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD      ( ) Delete  
Name: ATLEE, KENYON S  
Address: 4501 BEVERLY AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD      ( ) Delete  
Name: BRADFORD, ERIC  
Address: 4501 BEVERLY AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD      ( ) Delete  
Name: FERGUSON, JEFFREY  
Address: 6101 GAZEBO PARK PLACE N SUITE 107  
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD      (X) Delete  
Name: SCHACTER, DAVID  
Address: 6101 GAZEBO PARK PLACE N SUITE 107  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD      (X) Change ( ) Addition  
Name: ATLEE, KENYON S  
Address: 5851 TIMUQUANA ROAD STE 301  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD      (X) Change ( ) Addition  
Name: BRADFORD, ERIC  
Address: 5851 TIMUQUANA ROAD STE 301  
City-St-Zip: JACKSONVILLE, FL 32210

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

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: KENYON S ATLEE

VD

04/29/2009

Electronic Signature of Signing Officer or Director

Date