

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

04-30-2007 90818 020 ****61.25

DOCUMENT # N06000004519

1. Entity Name
BON VIEW HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business
**3298-18 SUMMIT BLVD
 PENSACOLA, FL 32503**

Mailing Address
**3298-18 SUMMIT BLVD
 PENSACOLA, FL 32503**



60010000



2. Principal Place of Business - No P.O. Box #
3298 Summit Blvd

3. Mailing Address
3298 Summit Blvd

Suite, Apt. #, etc.
Suite 4

Suite, Apt. #, etc.
Suite 4

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

Zip
32503

Country
USA

Zip
32503

Country
USA

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5661729

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, EDELL P JR
 308 G JEFFERSON STREET
 PENSACOLA, FL 32502**

7. Name and Address of New Registered Agent

Name
Kellen R. Etheridge

Street Address (P.O. Box or Post Office)
**Etheridge Property Management
 3298 Summit Blvd # 4**

City
PENSACOLA FL

Zip Code
32503

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SABA, M. PAUL 3298-18 SUMMIT BLVD PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO FRANZ, JON A 3298-18 SUMMIT BLVD PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALDWELL, THOMAS 3298-18 SUMMIT BLVD PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee empowered to execute this report as required by Chapter 817, 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: _____ DATE: **1-8-07** DAYTIME PHONE #: **850-434-3585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR