


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N24213
 1. Entity Name
BEAU RIVAGE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
PO BOX 2332 **PO BOX 2332**
STUART, FL 34995 **STUART, FL 34995**

DO NOT WRITE IN THIS SPACE



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
65-0186343 Not Applicable

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

6. Name and Address of Current Registered Agent
MCMANUS, VINCENT
128 EVERGLADES BLVD.
STUART, FL 34994

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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENSON, LOUIS 137 SOUTH SHORE RD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROONEY, NANCY 115 ST. LUCIE LANE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCMANUS, VINCENT 128 EVERGLADES BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, BARBARA 132 ST. LUCIE LANE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/15/06-80055-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, 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 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 (i)ka empowered.

SIGNATURE: VINCENT A. MCMANUS
Vincent A. McManus 1-31-06 782-335-1650
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #