

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29933

FILED
May 16, 2006
Secretary of State

Entity Name: BRYAN CAVE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 290807
PORT ORANGE, FL 321290807 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 290807
PORT ORANGE, FL 321290807 US

New Mailing Address:

FEI Number: 59-2935752 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLY, PATRICK
924 GEORGE HECKER DRIVE
S. DAYTONA, FL 32119 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: KELLY, PATRICK
Address: 924 GEORGE HECKER DRIVE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D () Delete
Name: YOUNG, BRANDON
Address: 941 GEORGE HECKER DRIVE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D () Delete
Name: TURP, BARRY
Address: 916 GEORGE HECKER DRIVE
City-St-Zip: SO DAYTONA, FL 32119

Title: VD () Delete
Name: ROJAS, RENATS
Address: 929 GEORGE HECKER
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: HOTZ, BETH
Address: 929 OETTER DRIVE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D () Delete
Name: NADER, ELIA
Address: 812 GEORGE HECKER
City-St-Zip: S. DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: BARTON, ROBERT
Address: 937 GEORGE HECKER DR
City-St-Zip: SOUTH DAYTONA, FL 32119

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK KELLY

PRES

05/16/2006

Electronic Signature of Signing Officer or Director

Date