

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46134

FILED
Jan 24, 2006
Secretary of State

Entity Name: BELLE RIVE VILLAS I CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% 8715 BELLE RIVER BLVD., SUITE 1608
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

4000B ST. JOHNS AVE
SUITE 22
JACKSONVILLE, FL 32205 US

Current Mailing Address:

% 8715 BELLE RIVER BLVD., SUITE 1608
JACKSONVILLE, FL 32256 US

New Mailing Address:

4000B ST. JOHNS AVE
SUITE 22
JACKSONVILLE, FL 32205 US

FEI Number: 59-3094115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ACCENT OF JAX, INC.
4000B ST. JOHNS AVE.
SUITE 22
JACKSONVILLE, FL 32244 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: WILLIAM H. WALTON, JR.

01/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOZERA, PAUL
Address: 8715 BELLE RIVE BLVD #1608
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD () Delete
Name: EVERT, PAT
Address: 8715 BELLE RIVER BLVD #1501
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete
Name: LASKI, SUZANNAH
Address: 8715 BELLE RIVE BLVD #1503
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: MARTIN, DAVID S
Address: 8715 BELLE RIVER BLVD #1704
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: KESSLER, JOHN
Address: 8715 BELLE RIVE BLVD #103
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: MILLER, COURTNEY
Address: 8715 BELLE RIVE BLVD #1606
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: PETROTTA, MARIA
Address: 8715 BELLE RIVER BLVD #1505
City-St-Zip: JACKSONVILLE, FL 32256

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: PAUL KOZERA

PD

01/24/2006

Electronic Signature of Signing Officer or Director

Date