2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

DOCUMENT# N46134

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

Current Principal Place of Business:

1639 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 50886
JACKSONVILLE BEACH, FL 32240 US

New Mailing Address:

FEI Number: 59-3094115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVER CITY MANAGEMENT SERVICES, INC.
1639 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250 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: P
Name: SHRONCE, COURTNEY
Address: 8715 BELLE RIVE BLVD #1606
City-St-Zip: JACKSONVILLE, FL 32256

Title: T
Name: KESLER, JOHN
Address: 8715 BELLE RIVER BLVD #103
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D
Name: FRITZ, JILL
Address: 8715 BELLE RIVE BLVD #1703
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D
Name: GIBBONS, HAZEL
Address: 8715 BELLE RIVE BLVD. #104
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: HEMPHILL, MARIA
Address: 8715 BELLE RIVE BLVD. #1604
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: STHOMPSON RA 04/18/2012

Electronic Signature of Signing Officer or Director Date