

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90005 039 ****61.25

DOCUMENT # N95000005346					
1. Entity Name THE BERNATH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3168 BERNATH DR. MILTON, FL 32583			Mailing Address 3168 BERNATH DR. MILTON, FL 32583		
2. Principal Place of Business 3145 Bernath Dr.		3. Mailing Address 3145 Bernath Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02142006 Chg-NP CR2E037 (11/05)	
City & State Milton, FL		City & State Milton, FL		4. FEI Number 59-3346208	
Zip 32583		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOLLY, KATHERINE 3180 BERNATH DR. MILTON, FL 32583			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 reinstating) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D NAME RAGAN, K.D. STREET ADDRESS 3188 BERNATH DR. CITY-ST-ZIP MILTON, FL 32583	<input checked="" type="checkbox"/> Delete		TITLE D NAME Seale, Emory STREET ADDRESS 3131 Bernath Dr. CITY-ST-ZIP Milton, FL 32583	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FARRIS, KARYN STREET ADDRESS 3150 BERNATH DR. CITY-ST-ZIP MILTON, FL 32583	<input type="checkbox"/> Delete		TITLE PD NAME Farris, Karyn STREET ADDRESS 3150 Bernath Dr. CITY-ST-ZIP Milton, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME PEARSON, JOANN STREET ADDRESS 3145 BERNATH DR. CITY-ST-ZIP MILTON, FL 32583	<input type="checkbox"/> Delete		TITLE D NAME Joanne Pearson STREET ADDRESS 3145 Bernath Dr. CITY-ST-ZIP Milton, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME YOUNG, BOBBIE STREET ADDRESS 3236 MCMILLAN CREEK DR. CITY-ST-ZIP MILTON, FL 32583	<input type="checkbox"/> Delete		TITLE D NAME Young, Bobbie STREET ADDRESS 3236 McMillan Creek Dr. CITY-ST-ZIP Milton, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME MATSON, RHONDA M STREET ADDRESS 3168 BERNETT DR CITY-ST-ZIP MILTON, FL 32583	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Godwin, Nikki STREET ADDRESS 3229 Bernath Dr. CITY-ST-ZIP Milton, FL 32583	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JOHNSON, DAVID STREET ADDRESS 3235 BERNATH PLACE CITY-ST-ZIP MILTON, FL 32583	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Jolly, Katherine STREET ADDRESS 3180 Bernath Dr. CITY-ST-ZIP Milton, FL 32583	<input checked="" type="checkbox"/> Change <input checked="" 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 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 like empowered.					
SIGNATURE: <u>Joanne Pearson</u>			Date: <u>2/21/06</u> Daytime Phone #: <u>850-994-2968</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					