2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002044

FILED Apr 25, 2009 Secretary of State

Entity Name: BEAULAH VISTA ESTATES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

BEULAH VISTA ESTATES
ORANGE PARK, FL 32067

BEULAH VISTA ESTATES
FLEMING ISLAND, FL 32003

Current Mailing Address: New Mailing Address:

P.O. BOX 2787 ORANGE PARK, FL 32067

FEI Number: 59-3379907 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:

PAT M. FOWLER, P.A. 155-5 BLANDING BLVD ORANGE PARK, FL 32073 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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VD
 () Delete
 Title:
 VD
 (X) Change () Addition

 Name:
 CUNED, NICK T
 Name:
 CUNED, NICK T

 Address:
 3384 BEULAH VISTA CT.
 Address:
 3384 BEULAH VISTA CT.

Address: 3384 BEULAH VISTA CT. Address: 3384 BEULAH VISTA CT. City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: FLEMING ISLAND, FL 32003

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 BONDURANT, ERNIE
 Name:
 BONDURANT, ERNIE

 Address:
 3392 BEULAH VISTA COURT
 Address:
 3392 BEULAH VISTA COURT

 City-St-Zip:
 ORANGE PARK, FL 32003
 City-St-Zip:
 FLEMING ISLAND, FL 32003

 $\label{eq:title:P} {\sf Title:} \qquad {\sf P} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf P} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 LEDFORD, KRIS
 Name:
 RANDALL, EDWARD

 Address:
 3383 BEULAH VISTA CT
 Address:
 3389 BEULAH VISTA CT

 City-St-Zip:
 ORNAGE PARK, FL 32003
 City-St-Zip:
 FLEMING ISLAND, FL 32003

I hereby certify that the information supplied with this filing does not qualify 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: ERNIE BONDURANT TD 04/25/2009