

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000117804

1. Entity Name
BVH DEVELOPMENT, INC.



Principal Place of Business
1921 MONTE CARLO DRIVE
UNIT 703
SARASOTA, FL 34231 US

Mailing Address
P.O. BOX 20708
SARASOTA, FL 34276 US



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1071815

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
200 S ORANGE AVENUE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MORRIS, ROBERT A JR
STREET ADDRESS 1921 MONTE CARLO DRIVE UNIT 703
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D
NAME CARRION, JAIME S
STREET ADDRESS 3665 BEE RIDGE RD
CITY-ST-ZIP SARASOTA, FL 34233

TITLE ST
NAME THOMAS, DORA MARIA C
STREET ADDRESS 3665 BEE RIDGE RD
CITY-ST-ZIP SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/23/08-80072-024 150.00

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IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. MORRIS, JR, PRESIDENT

04/21/2008

941-923-6353

Date

Daytime Phone #