

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90268 019 \*\*\*\*61.25

0010525

**DOCUMENT # N13028**

1. Entity Name

**BLUES CREEK COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

**C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PL  
GAINESVILLE FL 32607  
US**

Mailing Address

**C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PL  
GAINESVILLE FL 32607  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2779703**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SAUSAMAN, JEFFREY  
C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PL  
GAINESVILLE FL 32607**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☐ Delete  
NAME **WILLIAMS, DONNA**  
STREET ADDRESS **7046 NW 52ND TERRACE**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **LANGDALE, JAY**  
STREET ADDRESS **7064 NW 52ND TERRACE**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **D** ☐ Change ☒ Addition  
NAME **MARY ANN GREENBERG**  
STREET ADDRESS **7032 NW 52 TER**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **PD** ☐ Delete  
NAME **BELL, LINDA**  
STREET ADDRESS **7004 N.W. 52ND TERRACE**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☒ Delete  
NAME **GUSTAFASON, JO**  
STREET ADDRESS **7002 NW 52 TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **D** ☐ Change ☒ Addition  
NAME **TERRY KLENK**  
STREET ADDRESS **7014 NW 52 TER**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **D** ☐ Delete  
NAME **MORROW, JUDITH**  
STREET ADDRESS **7034 NW 52 TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Linda M. Bell* **LINDA M. BELL**

**3-4-03**

**3523311133**

CR2E037 (10/02)