


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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95 APR 24 AM 8:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19671 (9)

1. Corporation Name
BRECKENRIDGE ON PARK HOMEOWNERS ASSOCIATION, INC

Principal Place of Business P.O. BOX 1852 TALLAHASSEE FL 32302	Mailing Address P.O. BOX 1852 TALLAHASSEE FL 32302
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21. Principal Place of Business 21	2a. Mailing Address 2a
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/13/1987	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2881726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GALLAGHER, ANNA
1650 COPPERFIELD CIRCLE
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	GALLAGHER, ANNA 1650 COOPERFIELD CIRCLE TALLAHASSEE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS	JENSEN, KRISTIN 247 WHETHERBINE WAY E TALLAHASSEE FL	2.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVT	RAY, STEVE 250 WHETHERBINE WAY E TALLAHASSEE FL	2.2 NAME Kays, Kathy	
TITLE D	KINDLAND, STEPHEN W 319 WHETHERBINE WAY E TALLAHASSEE FL 32301	2.3 STREET ADDRESS 191 Whetherbine way w.	
TITLE D	KOFOD, ERNEST 3217 YORKTOWN DR TALLAHASSEE FL 32312	2.4 CITY - ST - ZIP Tallahassee, Fl. 32301	
TITLE D		3.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		3.2 NAME Ray Steve	
TITLE D		3.3 STREET ADDRESS 250 Whetherbine way E	
TITLE D		3.4 CITY - ST - ZIP Tallahassee, Fl. 32301	
TITLE D		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		4.2 NAME	
TITLE D		4.3 STREET ADDRESS	
TITLE D		4.4 CITY - ST - ZIP	
TITLE D		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		5.2 NAME	
TITLE D		5.3 STREET ADDRESS	
TITLE D		5.4 CITY - ST - ZIP	
TITLE D		6.1 TITLE Forrester, Deanna DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D		6.2 NAME Forrester, Deanna	
TITLE D		6.3 STREET ADDRESS 150 Whetherbine way w	
TITLE D		6.4 CITY - ST - ZIP Tallahassee, Fl. 32301	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: Steve Ray Steve Ray 4/20/95 904-488-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)