2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2005 8:00 am Secretary of State

TallAMASSEE, FL 32308 US Suite, Apt. #, etc. Applied For Investment of Status Desired \$8.75 Applied For Investment Of Status Desired Of Status Desired Applied For Investment Of Status Desired Of Desired	1. Entity Nam BRECKEI	MENT # N19671 • NRIDGE ON PARK HOMEO ITION, INC.		02-25-2005 90151 024 ****61.25			25			
Suite, Apt. #, etc. City & State	1815 MICCOSUKEE COMMONS P.O. BOX 14019			317	US					
City & State City & FL Zip Code Ci	2. Principal Place of Business		3. Mailing Address							
2p Country Zp Country Sp. 288175 Set.75 Additional S			Suite, Apt. #, etc.		01052005 Chg-NP CR2E037 (10/03)					
S. Cardificate of Status Desired Sc. Cardificate of Status Desired See Required See Requir	:					4. FEI Number 59-2881726		No	t Applicable.	
DAUGHTRY, TAMMY S 1815 MICCOSUKEE COMMONS #104 TALLAHASSEE, FL 32308 City FL Zip Code City FL Zip Code 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 smr familier with, and accept the obligations of registered agent. SIGNATURE ##26576, 7566 or prival name of registered agent	ZID	<u> </u>			untry					
DAUGHTRY, TAMMY S 1815 MICCOSUKEE COMMONS #104 TALLAHASSEE, FL 32308 City FL Zip Code		6. Name and Address of Current	Registered Agent		Name of the second	7. Name and Addres	ss of New Regi	stered Agent		
#104 TALLAHASSEE, FL 32308 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Department of State Filing Fee is \$81.25 Delta Trust Fund Contribution. PD	DAUGHTRY, TAMMY S					Address (C.O. Davids are a laboration and a laboration an				
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 familier with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SPÉRIA, (post or private name of registered agent and test applicable. POTE Registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the familier with, and accept the familier with and accept the familier with and accept the familier with and accept the familier with, and accept the familier with and accept the familier with and accept the familier with and accept the familier with, and accept the familier with and accept the familier with, and accept the familier with, and accept the familier with and accept the fami	#104					Sarest Address (F.O. Box Number is Not Acceptable)			· ·	
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Due by May 1, 2005 Trust Fund Contribution.		Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	ed Agent signature required	d when reinstating)		DATE		
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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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DEMIROPLAT, SULU 9089 FOXWOOD DR SOUTH TALLAHASSEE, FL 32308 D TOMBERLIN, ANDY 221 WETHERBINE WAY WEST TALLAHASSEE, FL 32301 SD MICHELS, RALF -3524 WESTFORD DRIVE TALLAHASSEE, FL 32308 D SMITH, CAROLINE 193 WHETHERBINE WAY TALLAHASSEE, FL 32301 ENT'D F E B 0 7	Delete Delete	STRICTIVE CITY STRICTIVE CITY STRICTIVE CITY STRICTIVE CITY TITL NAM STRICTIVE STRICTIVE TITL NAM STRICTIVE STRI	EET ADDRESS /-ST-ZIP E AE EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP E AE EET ADDRESS /-ST-ZIP E EET ADDRESS	21 Sarasot	a Dr. FL 323	Change Change Change	Addition Addition Addition	

12. I nereby certify that the information supplied with this filling closs 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:

A. Youchock

2/18/05

385-0694