

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90414 019 \*\*\*\*61.25

**DOCUMENT # N19671**

1. Entity Name  
**BRECKENRIDGE ON PARK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 1815 MICCOSUKEE COMMONS 104 TALLAHASSEE, FL 32308 US	Mailing Address P.O. BOX 14019 TALLAHASSEE, FL 32317 US
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**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2881726

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

DAUGHTRY, TAMMY S  
 1815 MICCOSUKEE COMMONS  
 #104  
 TALLAHASSEE, FL 32308

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YOUGHOGK, GREG 1121 SARASOTA DR TALLAHASSEE, FL 32301	<i>Sarah Halsell 199 Whetherbine Way Tallahassee, FL 32301</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEMIROPLAT, GULU 9089 FOXWOOD DR SOUTH TALLAHASSEE, FL 32308	<i>Marty Plevak 9010 Bobolink Ct Tallahassee, FL 32312</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D</del> SD TOMBERLIN, ANDY 221 WETHERBINE WAY WEST TALLAHASSEE, FL 32304	<i>Cecilia Walker 214 Whetherbine Way Tallahassee, FL 32301</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SB- VD MICHELS, RALF 3624 WESTFORD DRIVE TALLAHASSEE, FL 32308	<i>Brenda Williams 341 Whetherbine Way Tallahassee, FL 32301</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D</del> D SMITH, CAROLINE 103 WHETHERBINE WAY TALLAHASSEE, FL 32301	<i>Jill Morrison 298 Whetherbine Way Tallahassee, FL 32301</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

**DO NOT WRITE 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 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: *Sarah Halsell* **4/27/06** (850) 716-1476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #