
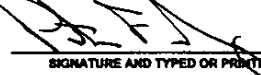


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90033 031 ****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	
2. Principal Place of Business - No P.O. Box # 7113 BEECH RIDGE TRAIL		3. Mailing Address 7113 BEECH RIDGE TRAIL	
Suite/Apt. #, etc. # 1		Suite/Apt. #, etc. # 1	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32312		Country	
Country		Zip 32312	
Country		Country	
4. FEI Number 59-2881726		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAUGHTRY, TAMMY S 1815 MICCOSUKEE COMMONS #104 TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name PATRICK F. RITCHEY Street Address (P.O. Box Number is Not Acceptable) 7113 BEECH RIDGE TRAIL, # 1 City TALLAHASSEE FL Zip Code 32312	
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 		PATRICK F RITCHEY, MANAGER 4/27/07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD HALSELL, SLARAH 199 WHETHERBINE WAY TALLAHASSEE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIM MORRISON 298 WHETHERBINE WAY TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PLEVAK, MARTY 9010 BOBOLINK CT TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRIAN ANDREWS 124 WHETHERBINE WAY TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, CECILA 214 WHETHERBINE WAY TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, BRINCIA 341 WHETHERBINE WAY TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SARA HEARTLY 224 WHETHERBINE WAY TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, JILL 298 WHETHERBINE WAY TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		PATRICK RITCHEY, MANAGER 4/27/07 850.841.4681	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	