


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N19671

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



FILED
07 OCT -5 AM 8:26

Principal Place of Business 7113 BEECH RIDGE TRAIL #1 TALLAHASSEE, FL 32312 US	Mailing Address 7113 BEECH RIDGE TRAIL #1 TALLAHASSEE, FL 32312 US
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08222007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

~~RITCHEY, PATRICK P.
7113 BEECH RIDGE TRAIL #1
TALLAHASSEE, FL 32312~~

7. Name and Address of New Registered Agent

Name: **EDDY, MARIE**

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: *Marie Eddy* DATE: 8/22/07

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

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS

TITLE	PD	MORRISON, JIM <i>JILL</i>	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		298 WHETHERBINE WAY	
CITY-ST-ZIP		TALLAHASSEE, FL 32301	
TITLE	<i>D</i>	ANDREWS, BRIAN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		124 WHETHERBINE WAY	
CITY-ST-ZIP		TALLAHASSEE, FL 32301	
TITLE	D	WALKER, CECILA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		214 WHETHERBINE WAY	
CITY-ST-ZIP		TALLAHASSEE, FL 32301	
TITLE	T	HEARTLY, SARA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		224 WHETHERBINE WAY	
CITY-ST-ZIP		TALLAHASSEE, FL 32301	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	WILLIAMS, BRENDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		341 WHETHERBINE WAY	
CITY-ST-ZIP		TALLAHASSEE, FL 32301	
TITLE	S	BROWN, DAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		270 WHETHERBINE WAY	
CITY-ST-ZIP		TALLAHASSEE, FL 32301	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 changed, or on an

SIGNATURE: *Jill Morrison* 10-3-07 8/22/07 850-894-1919

Date Daytime Phone #