
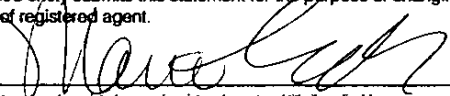
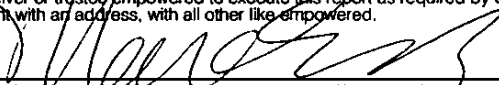


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90003 047 ****61.25

DOCUMENT # N19671			
1. Entity Name BRECKENRIDGE ON PARK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 7113 BEECH RIDGE TRAIL #1 TALLAHASSEE, FL 32312 US		Mailing Address 7113 BEECH RIDGE TRAIL #1 TALLAHASSEE, FL 32312 US	
2. Principal Place of Business - No P.O. Box # 1607 Village Sq. Blvd. Suite, Apt. #, etc. Ste 8		3. Mailing Address 1607 Village Sq. Blvd. Suite, Apt. #, etc. Ste 8	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32309		Country USA	
4. FEI Number 59-2881726		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDDY, MARIE 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) 1607 Village Sq. Blvd. Ste 8 City TALLAHASSEE FL Zip Code 32309	
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 2/1/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MORRISON, JILL STREET ADDRESS 298 WHETHERBINE WAY CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE D NAME DERRYBERRY, KEVIN STREET ADDRESS 283 WHETHERBINE WAY CITY-ST-ZIP TALLA, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ANDREWS, BRIAN STREET ADDRESS 124 WHETHERBINE WAY CITY-ST-ZIP TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE D NAME VAUGHN, THOMAS STREET ADDRESS 314 WHETHERBINE WAY CITY-ST-ZIP TALLA, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME WALKER, CECILA STREET ADDRESS 214 WHETHERBINE WAY CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME HEARTLY, SARA STREET ADDRESS 224 WHETHERBINE WAY CITY-ST-ZIP TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME WILLIAMS, BRENDA STREET ADDRESS 341 WHETHERBINE WAY CITY-ST-ZIP TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BROWN, DAN STREET ADDRESS 270 WHETHERBINE WAY CITY-ST-ZIP TALLAHASSEE, FL 32301	<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: 		Date 2/13/08 Daytime Phone # 850-894-1919	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	