

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19671

FILED
Apr 14, 2009
Secretary of State

Entity Name: BRECKENRIDGE ON PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1607 VILLAGE SQ BLVD
SUITE 8
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

1575 LEE AVENUE
TALLAHASSEE, FL 32303 US

Current Mailing Address:

1607 VILLAGE SQ BLVD
SUITE 8
TALLAHASSEE, FL 32309 US

New Mailing Address:

P. O. BOX 38056
TALLAHASSEE, FL 32315 US

FEI Number: 59-2881726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, JILL
298 WHETHERBINE WAY E
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRISON, JILL
Address: 298 WHETHERBINE WAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: DERRYBERRY, KEVIN
Address: 283 WHETHERBINE WAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WALKER, CECILA
Address: 214 WHETHERBINE WAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: VAUGHN, THOMAS
Address: 314 WHETHERBINE WAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: BROWN, DAN
Address: 270 WHETHERBINE WAY
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORRISON, JILL
Address: 298 WHETHERBINE WAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: V (X) Change () Addition
Name: DERRYBERRY, KEVIN
Address: 283 WHETHERBINE WAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: EVANS, ANNE
Address: 274 WHETHERBINE WAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: T (X) Change () Addition
Name: VAUGHN, THOMAS
Address: 314 WHETHERBINE WAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL MORRISON

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date