


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91035 043 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2881726**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NARRAMNO, DAVID</b>	
STREET ADDRESS	<b>183 WHERHER BOU WAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>YOUCHOCK, GREG</b>	
STREET ADDRESS	<b>217 WHETBERBINE WAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DEMIROPLAT, SULU</b>	
STREET ADDRESS	<b>9089 FOXWOOD DR SOUTH</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TOMBERLIN, ANDY</b>	
STREET ADDRESS	<b>221 WETHERBINE WAY WEST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MICHELS, RALF</b>	
STREET ADDRESS	<b>3524 WESTFORD DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Caroline Smith</b>	
STREET ADDRESS	<b>193 Wetherbine Way</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Andy Tomberlin* **REQUIRED** **Andy Tomberlin** : 1-28-03 385-0094

CR2E037 (10/02)