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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22534 (4)

1. Corporation Name
BLUE RIDGE LANDING PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

412 N.E. 16TH AVENUE GAINESVILLE FL 32601

412 N.E. 16TH AVENUE GAINESVILLE FL 32601-3701

3. Date Incorporated or Qualified 09/17/1987

3a. Date of Last Report 02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State LEE FLORIDA

23 Zip 32059 Country USA

24

2a. Mailing Address

26 P.O. BOX 812

27 Suite, Apt. #, etc.

28 City & State MADISON, FLORIDA

29 Zip 32341 Country USA

30

4. FEI Number 59-2899587

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

LEE, DENNIS G.
412 N.E. 16TH AVENUE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHEFFIELD, BOB	
STREET ADDRESS	412 N.E. 16TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JANET L.	
STREET ADDRESS	412 N.E. 16TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, LISA S.	
STREET ADDRESS	412 N.E. 16TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEWIS L PIERCE SR.	
1.3 STREET ADDRESS	N/A / P.O. BOX 812	
1.4 CITY-ST-ZIP	MADISON, FL 32341	
2.1 TITLE	V. D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK FRANTUM	
2.3 STREET ADDRESS	N/A / P.O. BOX 252	
2.4 CITY-ST-ZIP	LEE FLORIDA 32059-252	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVID JOHN	
3.3 STREET ADDRESS	R.R.1 BOX 2248 N/A	
3.4 CITY-ST-ZIP	LEE FL 32059	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. LEWIS L. PIERCE

SIGNATURE: _____ DATE: 02/13/97 (904)971-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)