


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90073 030 \*\*\*\*61.25

**DOCUMENT # N22534**  
1. Entity Name  
**BLUE RIDGE LANDING PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**BLUE RIDGE LANDING DR  
LEE FL 32059  
US** **P.O. BOX 812  
MADISON FL 32341  
US**

**50018171**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2899587** 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**

**7. Name and Address of New Registered Agent**

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

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS L. PIERCE SR.	
STREET ADDRESS	N/A P.O. BOX 52	
CITY-ST-ZIP	MADISON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROUSCH, FRED	
STREET ADDRESS	P.O. BOX 269 N/A	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVID JOHNS	
STREET ADDRESS	R.R. 1 BOX 2248 N/A	
CITY-ST-ZIP	LEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PIERCE, CONSTANCE D	
STREET ADDRESS	PO BOX 52	
CITY-ST-ZIP	MADISON FL 32341	
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"/> 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	TD GLORIA WRIGHT	
STREET ADDRESS	PO BOX	
CITY-ST-ZIP	LEE, FL 32059	
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 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:** *Lewis L Pierce Sr* (LEWIS L. PIERCE SR. 02/19/05 (850) 971-0020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #