


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90042 005 \*\*\*\*61.25

<b>DOCUMENT # N22534</b>					
1. Entity Name <b>BLUE RIDGE LANDING PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>BLUE RIDGE LANDING DR LEE, FL 32059 US</b>			Mailing Address <b>P.O. BOX 812 MADISON, FL 32341 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2899587</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEE, DENNIS G. 412 N.E. 16TH AVENUE GAINESVILLE, FL 32601</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		<b>FL</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS L. PIERCE SR.</b>		NAME		
STREET ADDRESS	<b>N/A P.O. BOX 52</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MADISON, FL</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, CLAUDIA</b>		NAME		
STREET ADDRESS	<b>1906 NE CHERVIL DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEE, FL 32059</b>		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, GLORIA</b>		NAME	<b>ANDERSON CLAUDIA</b>	
STREET ADDRESS	<b>PO BOX</b>		STREET ADDRESS	<b>1906 NE CHERVIL DR.</b>	
CITY-ST-ZIP	<b>LEE, FL 32059</b>		CITY-ST-ZIP	<b>LEE, FL 32059</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERCE, CONSTANCE D</b>		NAME		
STREET ADDRESS	<b>PO BOX 52</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MADISON, FL 32341</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Lewis Pierce</i>		01/16/08		(850) 971-0020	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	