

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22534

FILED
Jan 08, 2009
Secretary of State

Entity Name: BLUE RIDGE LANDING PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

BLUE RIDGE LANDING DR
LEE, FL 32059 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 812
MADISON, FL 32341 US

New Mailing Address:

FEI Number: 59-2899587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, DENNIS G.
412 N.E. 16TH AVENUE
GAINESVILLE, FL 32601 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: LEWIS L. PIERCE SR.,
Address: N/A P.O. BOX 52
City-St-Zip: MADISON, FL

Title: VD () Delete
Name: ANDERSON, CLAUDIA
Address: 1906 NE CHERVIL DR
City-St-Zip: LEE, FL 32059

Title: TD () Delete
Name: ANDERSON, CLAUDIA
Address: 1906 NE CHERVIL DR
City-St-Zip: LEE, FL 32059

Title: SD () Delete
Name: PIERCE, CONSTANCE D
Address: PO BOX 52
City-St-Zip: MADISON, FL 32341

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: ENGLISH, KENNETH
Address: 1909 LLOYD JACKSON RD.
City-St-Zip: VALDOSTA, GA 31601

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

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: LEWIS L. PIERCE

PD

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date