

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

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90026 045 ****61.25

DOCUMENT # N22534



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

Principal Place of Business BLUE RIDGE LANDING DR LEE FL 32059 US	Mailing Address P.O. BOX 812 MADISON FL 32341 US
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60001005



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2899587	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ 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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

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 A	
STREET ADDRESS	P.O. BOX 269 N/A	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	TD	<input 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		

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		

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: *[Signature]* **REQUIRED** 01/06/03 (850) 971-0020

CR2E037 (10/02)