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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90055 038 ****61.25

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DOCUMENT # **N95000002388**

1. Corporation Name
BUCK RIDGE WEST OWNERS ASSOCIATION, KNC

488525 - 90055 - 38

Principal Place of Business	Mailing Address
3501 N.W. 39TH AVE. GAINESVLLE FL 32606	3501 N.W. 39TH AVE. GAINESVLLE FL 32606

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 c/o ACTION REALTY City & State 23 6110-B NW 1 PL GAINESVILLE FL Zip 24 32607 Country 25 USA	2a. Mailing Address 26 c/o ACTION REALTY Suite, Apt. #, etc. 27 6110-B NW 1 PL City & State 28 GAINESVILLE FL Zip 29 32607 Country 30 USA	3. Date Incorporated or Qualifed 05/17/1995 4. FEI Number 59-3319556 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WESEMAN, GARY
3501 N.W. 39TH AVE.
GAINESVLLE FL 32606

10. Name and Address of New Registered Agent

81 Name: D JEFFREY SAUSAMAN
82 Street Address (P.O. Box Number is Not Acceptable): c/o ACTION REALTY
83: 6110-B NW 1 PL
84 City: GAINESVILLE FL 85 Zip Code: 32607

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: D Jeffrey Sausaman — D JEFFREY SAUSAMAN — 3/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESEMAN, GARY 3501 N.W. 39TH AVE. GAINESVILLE FL 32606	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD JOHN LEGE 5350 NW 31 LN GAINESVILLE FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESEMAN, GARY 3501 N.W. 39TH AVE. GAINESVILLE FL 32606	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD CLAUDE MARSH 3120 NW 53 DR. GAINESVILLE FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBER, W. HENRY JR. 3501 N.W. 39TH AVE. GAINESVILLE FL 32606	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD KIM BROWN 3002 NW 51 DR GAINESVILLE FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D MARVIN RIPPNER 2928 NW 51 DR GAINESVILLE FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D NAN MCCORMICK 5340 NW 31 LN GAINESVILLE FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D JENNY BEGGS 5347 NW 31 LN GAINESVILLE FL 32606	☐ Change ☒ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED J. Lege III — 30MAR99 — (352) 378-5018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #