2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # N95000002388 BUCK RIDGE WEST OWNERS ASSOCIATION, KNC 04-19-2001 90067 021 ****61 Principal Place of Business Mailing Address C/O ACTION REALTY C/O ACTION REALTY 6110-B NW FIRST PL 6110-B NW FIRST PL D0038980 GAINESVLLE FL 32607 GAINESVLLE FL 32607 2. Principal Place of Business Mailing Address DO BOX:358273 0 80% 358273 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEi Number 59-3319556 GAINESVILLE GAINESVILLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32635 8273 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROOKS CYNTHIA ress (P.O. Box Number is Not Acceptable) SAUSAMAN, D. JEFFREY C/O ACTION REALTY 6110-B NW FIRST PL GAINESVLLE FL 32607 **32**%06 GAINESVILLE 8. The above named entity-eubraits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution: Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD Change ☐ Addition PD 52 Delete TITLE LEGE, JOHN NAME NAME CINTHIA BROOKS 5350 NW 31 LN STREET ADDRESS 2919 NW51 DeIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 GAINESVILLE FL 32606 ☐ Addition ٧D Delete TITLE ٧D Change STEPHEN RYAN NAME MARSH, JOHN NAME 5120 NW 30 LANE STREET ADDRESS STREET ADDRESS 3120 NW 53 DR CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 GAINESVILLE FL 32606 SD + TREASURER SD . 🔼 Delete TITLE Change ☐ Addition_ TITLE KIMBERLY BROWNE 3002 NW 51 DRIVE BROWN, KIM NAME NAME STREET ADDRESS 3002 NW 51 DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GAINESVILLE FL 32606** GAINESVILLE FL 32606 TITLE D Change Addition TITLE Detete LINDA BUTSON NAME RIPPNER, MARVIN NAME 3001 NW 52 DRIVE STREET ADDRESS STREET ADDRESS 2928 NW 51 DR CITY-ST-7IP CITY-ST-ZIP GAINESVILLE FL 32606 GAINESVILLE FL 32606 **Æ**PDelete TITI F Change ☐ Addition TITLE EDWARD KMAK NAME MCCORMICK, NAN NAME 3015 NW 51 DRIVE STREET ADDRESS STREET ADDRESS 5340 NW 31 LN CITY-ST-ZIP CITY-ST-ZIP GAINESHLE FL 32606 GAINESVILLE FL 32606 TITLE TITLE Change ☐ Addition Delete NAME **BEGGS, JENNY** NAME STREET ADDRESS STREET ADDRESS 5340 NW 31 LN CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 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 instee 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 address, with all other like empowered KIMBERLY BROWNE SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF