

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90173 019 ****61.25

DOCUMENT # N95000002388

1. Entity Name

BUCK RIDGE WEST OWNERS ASSOCIATION, KNC

Principal Place of Business

Mailing Address

P.O. BOX 358273
 GAINESVILLE FL 32635-8273

P.O. BOX 358273
 GAINESVILLE FL 32635-8273

00040003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3319556

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKD, CYNTHIA
2919 NW 51 DRIVE
GAINESVILLE FL 32606

Name **BROOKS, CYNTHIA**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **BROOKS, BYNTHIA**
 STREET ADDRESS **2919 NW 51 DRIVE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME **BROOKS, CYNTHIA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **RYAN, STEPHEN**
 STREET ADDRESS **5120 NW 30 LANE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SDT** Delete
 NAME **BROWNE, KIMBERLY**
 STREET ADDRESS **3002 NW 51 DRIVE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **TREASURER** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BUTSON, LINDA**
 STREET ADDRESS **3001 NW 52 DRIVE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KMAK, EDWARD**
 STREET ADDRESS **3015 NW 51 DRIVE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY** Change Addition
 NAME **DAVID KRATZER**
 STREET ADDRESS **5130 NW 30 LANE**
 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly Browne 3/10/2 3523922126

Date

Daytime Phone #

CR2E037 (9/01)