2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90452 011 ****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

04182005 Chg-NP CR2E037 (10/03)

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
59-3319556
☐ Applied For
☐ Not Applicable

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
RYAN, STEPHEN 5120 NW 30 LANE GAINESVILLE, FL 32606	Name KIMBERLY BROWNE Street Address (P.O. Box Number is Not Acceptable) 3002 NW 51 ST DRIVE City GAINESVILLE **FL** Zip Code 32606

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 Kimberly Browne KIMBERLY BROWNE, TREASURER 4/18/5
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RYAN, STEPHEN 5120 NW 30 LANE GAINESVILLE, FL 32606	☒ Delete	DIRECTOR STEPHEN RYAN 5120 NW 30 LANE GAINESVILLE FL 32606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KITCHENS, MIKE 3227 NW 53 DR. GAINESVILLE, FL 32606	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KMAK, ED 3015 NW 51ST DR. GAINESVILLE, FL 32606	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSEPH McG.	☐ Delete	DIRECTOR JOSEPH MCLAUGHLIN 3207 NW 53 DRIVE GAINESVILLE FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TREASURER, DIRECTOR KIMBERLY BROWNE 3002 NW 51 DRIVE GAINESVILLE FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Kimberly Browne KIMBERLY BROWNE, TREASURER 4/18/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3523922120