## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22534

Entity Name: BLUE RIDGE LANDING PROPERTY OWNERS' ASSOCIATION,

INC.

**FILED** Mar 20, 2023 **Secretary of State** 1027697445CC

**Current Principal Place of Business:** 

**BLUE RIDGE LANDING AVENUE** 

LEE, FL 32059

**Current Mailing Address:** 

P.O. BOX 204

LEE, FL 32059 US

FEI Number: 59-2899587 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBIN, MICHELLE E 479 NE DIXON CT LEE, FL 32059 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PΠ Title **VPD** 

Name ROBIN, MICHELLE E Name SMITH, JAMES W Address 479 NE DIXON CT Address P.O. BOX 652 City-State-Zip: LEE FL 32059 City-State-Zip: LEE FL 32059

Title SD Title CCD

Name MARTINEZ, NELLIE Name REGAN, PATRICIA Address 1740 W ELDRED DR Address P.O. BOX 652 City-State-Zip: LEE FL 32059 City-State-Zip: TAMPA FL 33603

Title SD Title TD

Name REGAN, PATRICIA Name ROOY, DENNIS Address P.O. BOX 652 1020 SW 31ST ST. Address FT. LAUDERDALE FL 33315 City-State-Zip:

Title TD

ROOY, DENNIS Name Address 1020 SW 31ST ST. City-State-Zip: LEE FL 32059

City-State-Zip: LEE FL 32059

PD

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE E. ROBIN

Electronic Signature of Signing Officer/Director Detail

03/20/2023