

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001592

1. Entity Name
BLUE JAY RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**5717 CHIRPING COURT
JACKSONVILLE, FL 32222**

Mailing Address
**5717 CHIRPING COURT
JACKSONVILLE, FL 32222**



01262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3757990

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, CARLOS A
5717 CHIRPING COURT
JACKSONVILLE, FL 32222**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00** May Be
Added to Fees

875.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, CARLOS A 5717 CHIRPING COURT JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEST, KENNETH 9745 CHIRPING WAY JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, ROBIN 5629 CHIRPING WAY WEST JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/04-80030-014 75.00

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IN THIS SPACE**

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: *Carlos A. Martinez* **Carlos A. Martinez** 26 JAN 04 (904) 771-6369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #