

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 021 ****61.25

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04202005 Chg-NP CR2E037 (10/03)

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		
2. Principal Place of Business <i>Blue Jay Ridge HOA Inc. 6640 103rd St</i> Suite, Apt. #, etc. <i>C/O Forehand Realty Co.</i>		3. Mailing Address <i>6640 103rd St</i> Suite, Apt. #, etc.		4. FEI Number 59-3757990 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>			
Zip <i>32210</i>		Zip <i>32210</i>			
Country <i>USA</i>		Country <i>USA</i>			
6. Name and Address of Current Registered Agent MARTINEZ, CARLOS A 5717 CHIRPING COURT JACKSONVILLE, FL 32222				7. Name and Address of New Registered Agent Name <i>Marie Forehand</i> Street Address (P.O. Box Number is Not Acceptable) <i>6640 103rd St</i> City <i>Jacksonville</i> FL Zip Code <i>32210</i>	
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 <i>Marie Forehand</i> DATE <i>4-20-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME MARTINEZ, CARLOS A STREET ADDRESS 5717 CHIRPING COURT CITY-ST-ZIP JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Delete		TITLE <i>President</i> NAME <i>Robert Hull</i> STREET ADDRESS <i>5637 Chirping way w</i> CITY-ST-ZIP <i>Jacksonville, FL 32222</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME WEST, KENNETH STREET ADDRESS 9745 CHIRPING WAY CITY-ST-ZIP JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Delete		TITLE <i>Vice President</i> NAME <i>John Stram</i> STREET ADDRESS <i>5670 Chirping way w</i> CITY-ST-ZIP <i>Jacksonville, FL 32222</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME MILLER, ROBIN STREET ADDRESS 5629 CHIRPING WAY WEST CITY-ST-ZIP JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Delete		TITLE <i>Secretary</i> NAME <i>Denise Cook</i> STREET ADDRESS <i>5661 Chirping way w</i> CITY-ST-ZIP <i>Jacksonville, FL 32222</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <i>Treasurer</i> NAME <i>Lauren Neitz</i> STREET ADDRESS <i>5718 Birds Nest Lane</i> CITY-ST-ZIP <i>Jacksonville, FL 32222</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Robert Hull</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/20/05</i> Daytime Phone #		