


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N19162 1. Entity Name BLUE RIDGE HOMEOWNERS ASSOCIATION, INC.						FILED 08 SEP 15 AM 11:15 FLORIDA STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11784 W. SAMPLE RD #103 CORAL SPGS, FL 33065 US				Mailing Address 11784 W. SAMPLE RD #103 CORAL SPGS, FL 33065 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0039984				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent UNITED COMMUNITY MGT. CORP. 11784 W. SAMPLE RD #103 CORAL SPGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
D FOLLADOR, PEGGY 1001 MEADOWOOD TERRACE DAVIE, FL 33325				D Kaplan, Edward 551 auburn way Davie, FL 33325			
TP DEVERTEUIL, PAMELA 720 ROCK HILL DAVIE, FL 33325				PDTD 100135970581 09/16/08--01022--015 **\$61.25			
VP BONONI, KIM 14020 RICHMOOD PLACE DAVIE, FL 33325				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
S TORMO, ALOIZIA 930 ROCK HILL AVE DAVIE, FL 33325				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
9/9/15				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9-12-08 <small>Date</small>			
_____ <small>Daytime Phone #</small>				_____			