

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # N19671**

1. Entity Name  
**BRECKENRIDGE ON PARK HOMEOWNERS ASSOCIATION, INC.**



FILED  
07 OCT -5 AM 8:26  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
7113 BEECH RIDGE TRAIL  
#1  
TALLAHASSEE, FL 32312 US

Mailing Address  
7113 BEECH RIDGE TRAIL  
#1  
TALLAHASSEE, FL 32312 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

08222007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2881726

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
~~RITCHIE, PATRICK P~~  
~~7113 BEECH RIDGE TRAIL #1~~  
~~TALLAHASSEE, FL 32312~~

7. Name and Address of New Registered Agent  
Name EDDY, MARIE  
Street Address (P.O. Box Number is Not Acceptable)  
7113 Beech Ridge TRAIL #1  
City TALLAHASSEE FL Zip Code 32312

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 Marie Eddy DATE 8/22/07

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, JIM 298 WHETHERBINE WAY TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, BRIAN 124 WHETHERBINE WAY TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, CECILA 214 WHETHERBINE WAY TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEARTLY, SARA 224 WHETHERBINE WAY TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, BRENDA 341 WHETHERBINE WAY TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, DAN 270 WHETHERBINE WAY TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000110941410 10/18/07--01015--016 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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; and that my name appears in Block 10 or Block 11 if changed, or on an

SIGNATURE: Jill Morrison 10-3-07

Date 8/22/07 Daytime Phone # 850-894-1919