

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90010 029 ****61.25

DOCUMENT # N20238

1. Entity Name
BUCKHEAD RIDGE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
BOX 680, HIGHWAY 78 W
OKEECHOBEE, FL 34974

Mailing Address
BOX 680, HIGHWAY 78 W
OKEECHOBEE, FL 34974

40020100



02042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1783909

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUFF, JULIA M
22 LINDA RD BHR
OKEECHOBEE, FL 34974

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HUFF, JULIA
22 LINDA RD BHR
OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BROWN, ROYEL
35 8TH ST
OKEECHOBEE, FL 349749208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MONDY, RALPH
12 ROSEBUD AVE
OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EMERICK, BEVERLY
98 HUNTER RD BHR
OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DUFFY, GRACE
60 CHOCOLATE ST
OKEECHOBEE, FL 34974
Mondy Wanda
12 Rosebud Ave
Okeechobee Fl. 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FITZPATRICK, GEORGE
176 LAKE DRIVE WEST BHR
OKEECHOBEE, FL 34974

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 2-11-08 ✓ 863
467-0734