

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22151

FILED
Jan 25, 2009
Secretary of State

Entity Name: BELL RIDGE FOREST HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

9320 BELL RIDGE DRIVE
PENSACOLA, FL 32526 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7682
PENSACOLA, FL 32526 US

New Mailing Address:

FEI Number: 59-3123365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRINGTON, MICHAEL
5824 FOREST RIDGE DRIVE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BARRINGTON, MICHAEL
Address: 5824 FOREST RIDGE DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: CETTI, CHARLES
Address: 5819 FOREST RIDGE DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: ALDRIDGE, JAMES
Address: 5904 BELL RIDGE TR
City-St-Zip: PENSACOLA, FL 32526

Title: S () Delete
Name: JOHNSON, VICKI
Address: 9344 BELL RIDGE DR
City-St-Zip: PENSACOLA, FL 32526

Title: P () Delete
Name: BRILL, ODIS
Address: 5904 FOREST RIDGE CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: V () Delete
Name: MOBLEY, DAVID
Address: 5832 FOREST RIDGE DR
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LOGAN, DAVID
Address: 5908 BELL RIDGE TRAIL
City-St-Zip: PENSACOLA, FL 32526

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BARRINGTON

T

01/25/2009

Electronic Signature of Signing Officer or Director

Date