

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90145 048 \*\*\*\*61.25

**DOCUMENT # N36124**

1. Entity Name  
**BRIDLE RIDGE PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
P O BOX 770971  
OCALA, FL 34477 US

Mailing Address  
P O BOX 770971  
OCALA, FL 34477 US

40048341



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2821994

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CHANAVORACHAI, SOMPONG  
6658 SW 83 CT RD.  
OCALA, FL 34482

7. Name and Address of New Registered Agent

Name John Lawrence  
Street Address (P.O. Box Number is Not Acceptable)  
7350 NW 83rd Ct. Rd.  
City Ocala FL Zip Code 34482

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, 2006

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	BM PARDEW, ARTHUR 7565 NW 83 CT. RD. OCALA, FL 34482	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AA ANTHONY, KATHERINE 6223 TOPSAIL ROAD LADY LAKE, FL 32159	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD KEEN, DOBORAH 7360 NW 83RD CT RD OCALA, FL 34482	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD CHANAVORACHAI, SOMPONG 6658 SW 83 CT OCALA, FL 34482	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMDP LAWRENCE, JOHN 7350 N W 83RD CT RD OCALA, FL 34482	<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	BM David Battisti 6940 NW 83rd Terrace Ocala, FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM, Secretary Priscilla Banks 7345 NW 83rd Ct. Rd. Ocala FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Janice Gross 6875 NW 83rd Terrace Ocala, FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Larry Eads 6805 NW 83rd Terrace Ocala, FL 34482	<input type="checkbox"/> Change <input checked="" 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 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:

Katherine Anthony  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

April 11, 2006 352 7534346  
Date Daytime Phone #