## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N36124

FILED Jan 08, 2008 Secretary of State

Entity Name: BRIDLE RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 770971 7350 N W 83RD CT RD OCALA, FL 34477 US OCALA, FL 34482 **Current Mailing Address: New Mailing Address:** P O BOX 770971 OCALA, FL 34477 US FEI Number: 59-2821994 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAWRENCE, JOHN 7350 NW 82ND CRT RD OCALA, FL 34482 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BUTTISHI, DAVID BATTISTI, DAVID Name: Name: 6940 NW 83RD TERR Address: 6940 NW 83RD TERR Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: OCALA, FL 34482 Title: BMS ( ) Delete Title: (X) Change ( ) Addition BANKS, PRICILLA Name: REILLY, MIKE Name: Address: 7395 NW 83RD CT RD Address: 7555 NW 83RD COURT ROAD City-St-Zip: OCALA, FL 34482 City-St-Zip: OCALA, FL 34482 Title: () Delete Title: BM (X) Change ( ) Addition EADS, LARRY PRIGER, LORI Name: Name: 6805 NW 83RD TERR 7220 NW 83RD TERRACE Address: Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: OCALA, FL 34482 ( ) Delete Title: **BMDP** Title: () Change () Addition LAWRENCE, JOHN Name: Name: Address: 7350 N W 83RD CT RD Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: Title: () Delete Title: BM ( ) Change (X) Addition Name: Name: REGAN, KAREN 7580 NW 83RD CT. RD Address: Address: City-St-Zip: City-St-Zip: OCALA, FL 34482 Title: () Delete Title: ( ) Change (X) Addition BOOKKEEPER KASHA ANT, HONY Name: Name: Address: Address: 2507 SE 19TH CIR OCALA, FL 34471 City-St-Zip: 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: KASHA ANTHONY BOOK 01/08/2008