

FILE NOW: FILING FEE IS \$61.2

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41709 (9)

1. Corporation Name

BOULDER CREEK HOMEOWNERS' ASSOCIATION OF ESCAM  
A COUNTY, INC.



Principal Place of Business

Mailing Address

BCHA  
POST OFFICE BOX 7479  
PENSACOLA FL 32534-0479  
US

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POST OFFICE BOX 7479  
PENSACOLA FL 32534-0479  
US

3. Date Incorporated or Qualified  
01/16/1991

3a. Date of Last Report  
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUCKER, RANDALL  
700 CROOKED OAK DRIVE  
PENSACOLA FL 32514

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME TUCKER, RANDALL  
STREET ADDRESS 700 CROOKED OAK DRIVE  
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV ☒ DELETE  
NAME CUMMINGS, JOHN  
STREET ADDRESS 905 SPRING CREEK CIRCLE  
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE  
NAME DARON, JOHN  
STREET ADDRESS 707 CROOKED OAK DRIVE  
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DS ☒ DELETE  
NAME LUGG, LIZ  
STREET ADDRESS 887 LEXINGTON ROAD  
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME DS  
4.3 STREET ADDRESS IVERSEN, LINDA  
4.4 CITY-ST-ZIP 931 SHADOW RIDGE DR  
PENSACOLA, FL 32514

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*JOHN J. DARON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 JAN 96 904 477 7843  
Date Daytime Phone #

CR2E037 (12/95)