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FILED

May 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N41709** (9)

1. Corporation Name

**BOULDER CREEK HOMEOWNERS' ASSOCIATION OF ESCAMBI
A COUNTY, INC.**



Principal Place of Business

Mailing Address

BCHA
POST OFFICE BOX 7479
PENSACOLA FL 32534-0479
US

BCHA
POST OFFICE BOX 7479
PENSACOLA FL 32534-0479
US

3. Date Incorporated or Qualified
01/16/1991

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 **Iversen, Linda**

82 Street Address (P.O. Box Number is Not Acceptable)
931 Shadow Ridge Dr.

84 City **Pensacola**

FL

85 Zip Code
32514

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]
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 **DP** ☒ Change ☐ Addition
1.2 NAME **Iversen, Linda**
1.3 STREET ADDRESS **931 Shadow Ridge Drive**
1.4 CITY-ST-ZIP **Pensacola, FL. 32514**

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

2.1 TITLE **DT** ☒ Change ☒ Addition
2.2 NAME **Johnson, Keith**
2.3 STREET ADDRESS **883 Lexington Rd.**
2.4 CITY-ST-ZIP **Pensacola FL. 32514**

TITLE **DS** ☐ DELETE
NAME **IVERSEN, LINDA**
STREET ADDRESS **931 SHADOW RIDGE DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

3.1 TITLE **DS** ☐ Change ☒ Addition
3.2 NAME **Moore, Tamara**
3.3 STREET ADDRESS **10850 Shadow Creek**
3.4 CITY-ST-ZIP **Pensacola, FL. 32514**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

478.8771

Daytime Phone # 0073301

CR2E037 (9/96)