

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/16/1991

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**

7. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

10. Name and Address of New Registered Agent

IVERSEN, LINDA
931 SHADOW RIDGE DR.
PENSACOLA FL 32514

81 Name

TONY WEAVER

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

930 SPRINGCREEK CIR

83

84

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

Tony Weaver

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 **IVERSEN, LINDA**
STREET ADDRESS **931 SHADOW RIDGE DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **TONY WEAVER**
1.3 STREET ADDRESS **930 SPRING CREEK CIR.**
1.4 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DT** ☐ DELETE
NAME **JOHNSON, KEITH**
STREET ADDRESS **883 LEXINGTON RD**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **DS** ☒ DELETE
NAME **IVERSEN, LINDA**
STREET ADDRESS **931 SHADOW RIDGE 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 **MOORE, TAMARA**
STREET ADDRESS **10850 SHADOW CREEK**
CITY-ST-ZIP **PENSACOLA FL**

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 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: **Keith Johnson**

7-12-98 **601 428 8721**

CR2E037 (10/97)