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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N41709					
1. Corporation Name BOULDER CREEK HOMEOWNERS' ASSOCIATION OF ESCAMBI A COUNTY, INC.					
Principal Place of Business BCHA POST OFFICE BOX 7479 PENSACOLA FL 32534-0479 US			Mailing Address BCHA POST OFFICE BOX 7479 PENSACOLA FL 32534-0479 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/16/1991 4. FEI Number NOT APPLICABLE 59-3547642 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WEAVER, TONY 930 SPRINGCREEK CIR PENSACOLA FL 32514			10. Name and Address of New Registered Agent 81 Name STEPHEN LUGG 82 Street Address (P.O. Box Number is Not Acceptable) 887 LEXINGTON ROAD 83 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 <i>Stephen Lugg</i> STEPHEN LUGG, PRESIDENT 10 Jan 99 DATE (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE DP NAME WEAVER, TONY STREET ADDRESS 930 SPRING CREEK CIR CITY-ST-ZIP PENSACOLA FL 32514 <input checked="" type="checkbox"/> DELETE TITLE DT NAME JOHNSON, KEITH STREET ADDRESS 883 LEXINGTON RD CITY-ST-ZIP PENSACOLA FL <input checked="" type="checkbox"/> DELETE TITLE DS NAME MOORE, TAMARA STREET ADDRESS 10850 SHADOW CREEK CITY-ST-ZIP PENSACOLA FL <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME LUGG, STEPHEN 1.3 STREET ADDRESS 887 LEXINGTON ROAD 1.4 CITY-ST-ZIP PENSACOLA, FL 32514 2.1 TITLE DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME DONOFRIO, ROBERT 2.3 STREET ADDRESS 890 LEXINGTON ROAD 2.4 CITY-ST-ZIP PENSACOLA, FL 32514 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Robert Donofrio* **ROBERT DONOFRIO** January 8, 1999 (850) 484-3560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)