2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41709

FILED Feb 18, 2004 Secretary of State

Entity Name: BOULDER CREEK HOMEOWNERS' ASSOCIATION OF ESCAMBIA COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

BCHA BCHA

POST OFFICE BOX 7479
PENSACOLA, FL 325340479 US
POST OFFICE BOX 7479
PENSACOLA, FL 32514 US

Current Mailing Address: New Mailing Address:

BCHA BCHA

POST OFFICE BOX 7479
PENSACOLA, FL 325340479 US
POST OFFICE BOX 7479
PENSACOLA, FL 32514 US

FEI Number: 59-3547642 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:

CISAR, ANDREW
905 SHADOW RIDGE DRIVE
PENSACOLA, FL 32514

DENHAM, DONNA L
911 SPRING CREEK CIRCLE
PENSACOLA, FL 32514

PENSACOLA, FL 32514

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: DONNA DENHAM 02/18/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DP (X) Change () Addition

 Name:
 NISEWENGER, JOANNE
 Name:
 GALLOWAY, DAVID

 Address:
 879 LEXINGTON ROAD
 Address:
 800 SHADOW RIDGE DR.

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:
 PENSACOLA, FL 32514

Title: DT () Delete Title: () Change () Addition

 Name:
 DOMAS, CARON
 Name:

 Address:
 831 SHADOW RIDGE DRIVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:

Title: DP () Delete Title: DVP (X) Change () Addition

 Name:
 GIBBONS, PETER
 Name:
 PETTERSON, TAYNOR

 Address:
 10811 SHADOW RIDGE DRIVE
 Address:
 CROCKED OAK DR.

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:
 PENSACOLA, FL 32514

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 CISAR, ANDRES
 Name:
 DENHAM, DONNA

 Address:
 905 SHADOW RIDGE DRIVE
 Address:
 911 SPRING CREEK CIRCLE

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:
 PENSACOLA, FL 32514

Title: D () Delete Title: D (X) Change () Addition

 Name:
 EDWARDS, CHERYL
 Name:
 WILLIAMS, MAGGIE

 Address:
 10860 SHADOW CREEK DRIVE
 Address:
 LEXINGTON ST.

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:
 PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONNA DENHAM DS 02/18/2004