2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# N41709

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

Current Principal Place of Business:

BCHA
POST OFFICE BOX 7479
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

BCHA
POST OFFICE BOX 7479
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-3547642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	GALLOWAY, DAVID	
Address:	800 SHADOW RIDGE DR.	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	DT	( ) Delete
Name:	DOMAS, CARON	
Address:	831 SHADOW RIDGE DRIVE	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	DVP	(X) Delete
Name:	PETTERSON, TAYNOR	
Address:	CROCKED OAK DR.	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	DS	( ) Delete
Name:	DENHAM, DONNA	
Address:	911 SPRING CREEK CIRCLE	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D	( ) Delete
Name:	WILLIAMS, MAGGIE	
Address:	LEXINGTON ST.	
City-St-Zip:	PENSACOLA, FL 32514	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 04/05/2005

Electronic Signature of Signing Officer or Director — Date