


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90092 010 ****61.25

DOCUMENT # N41709 1. Entity Name BOULDER CREEK HOMEOWNERS' ASSOCIATION OF ESCAMBIA COUNTY, INC.			
Principal Place of Business BCHA POST OFFICE BOX 2475 PENSACOLA, FL 32514 US		Mailing Address BCHA POST OFFICE BOX 2475 PENSACOLA, FL 32514 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. P.O. Box 7542 City & State Pensacola, FL Zip 32534 Country Escambia	
City & State Zip		4. FEI Number 59-3547642 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01052007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DENHAM, DONNA L 911 SPRING CREEK CIRCLE PENSACOLA, FL 32514		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP GALLOWAY, DAVID <input checked="" type="checkbox"/> Delete 800 SHADOW RIDGE DR. PENSACOLA, FL 32514	TITLE	DP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAN WATTS 830 SHADOW RIDGE DR. PENSACOLA, FL 32514
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete DOMAS, CARON 831 SHADOW RIDGE DRIVE PENSACOLA, FL 32514	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARON POMAS
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete DENHAM, DONNA 911 SPRING CREEK CIRCLE PENSACOLA, FL 32514	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete WILLIAMS, MAGGIE LEXINGTON ST. PENSACOLA, FL 32514	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ken Hardin 921 Shadow Ridge Dr Pensacola, FL 32514
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Caron Pomas, DT</i>		<i>43007 850-473-1216</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	