

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90506 050 \*\*\*\*61.25

**DOCUMENT # N41709**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3547642**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUGG, STEPHEN  
887 LEXINGTON ROAD  
PENSACOLA FL 32514**

Name **ANDREW CISAR**

Street Address (P.O. Box Number is Not Acceptable)  
**905 Shadow Ridge Drive**

City **PENSACOLA**

FL

Zip Code  
**32514**

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 *Andrew Cisar*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/16/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **LUGG, STEPHEN**  
STREET ADDRESS **887 LEXINGTON ROAD**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Change ☒ Addition  
NAME **JOANNE NISEWONGER**  
STREET ADDRESS **879 LEXINGTON ROAD**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DT** ☒ Delete  
NAME **DONOFRIO, ROBERT**  
STREET ADDRESS **890 LEXINGTON ROAD**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DT** ☐ Change ☒ Addition  
NAME **CARON POMAS**  
STREET ADDRESS **831 SHADOW RIDGE DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☒ Delete  
NAME **MOORE, TAMARA**  
STREET ADDRESS **10850 SHADOW CREEK**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **DP** ☐ Change ☒ Addition  
NAME **PETER GIBBONS**  
STREET ADDRESS **10811 SHADOW CREEK DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DP** ☒ Delete  
NAME **DENHAM, DONNA**  
STREET ADDRESS **911 SPRING CREEK CIR**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DS** ☐ Change ☒ Addition  
NAME **ANDREW CISAR**  
STREET ADDRESS **905 SHADOW RIDGE DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☒ Delete  
NAME **GAULDIN, ANN**  
STREET ADDRESS **810 CROOKED OAK**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Change ☒ Addition  
NAME **CHERYL EDWARDS**  
STREET ADDRESS **10860 SHADOW CREEK DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **LUKE GIANELLONI**  
STREET ADDRESS **780 CROOKED OAK DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32514**

12. 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 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: *[Signature]*

**4-15-2003 850-479-4457**

CR2E037 (10/02)