2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90284 018 ****61.25

DOCUMENT # N93000000007

1. Entity Name
BRECKENRIDGE PROPERTY OWNER'S ASSOCIATION, INC.

bUU6T0JJ

Principal Place of Business	Mailing Address
P.O. BOX 6723 1125 HWY 98 SOUTH, STE. 201 LAKELAND, FL 33807-6723 US	P.O. BOX 6723 1125 HWY 98 SOUTH, STE. 201 LAKELAND, FL 33807-6723 US

04102006 Chg-NP CR2E037 (11/05)

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 59-3190679 ☐ 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
WILLISON, MICHAEL H. 2039 HIGH VISTA DRIVE LAKELAND, FL 33813	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MANETTA, BARBARA 2027 HIGH VISTA DRIVE LAKELAND, FL 33813	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GAUR, KARAN 2009 High Vista Dr. Lakeland, FL 33813	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GAUR, KARAN 2009 HIGH VISTA DRIVE LAKELAND, FL 33813	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/T Macon, Shirley 2004 High Vista Dr. Lakeland, FL 33813	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B THOMAS, SHARON 2063 HIGH VISTA DRIVE LAKELAND, FL 33813	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD DEAN, Nilo 2010 High Vista Dr. Lakeland, FL 33813	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEHMAN, HEATH 2022 HIGH VISTA DRIVE LAKELAND, FL 33813	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD Willison, Mike 2039 High Vista Dr. Lakeland, FL 33813	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B LASSI, LISA 2033 HIGH VISTA DR. LAKELAND, FL 33813	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD CLARK, Susie 2003 High Vista Dr. Lakeland, FL 33813	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B WILLISON, MIKE 2039 HIGH VISTA DR LAKELAND, FL 33813	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Shirley Macon Shirley MACON 4-10-06 863-619-7620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #