

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90017 033 ****61.25

DOCUMENT # N93000000007																							
1. Entity Name BRECKENRIDGE PROPERTY OWNER'S ASSOCIATION, INC.																							
Principal Place of Business P.O. BOX 6723 1125 HWY 98 SOUTH, STE. 201 LAKELAND, FL 33807-6723 US			Mailing Address P.O. BOX 6723 1125 HWY 98 SOUTH, STE. 201 LAKELAND, FL 33807-6723 US																				
2. Principal Place of Business - No P.O. Box # 2033 High Vista Dr.		3. Mailing Address P.O. Box 6723																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 59-3190679																			
Zip 33813		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent LASSI, LISA A 2033 HIGH VISTA DR LAKELAND, FL 33813		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">Lassi, Lisa S.</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">2033 High Vista Drive</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="2">Lakeland</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> <td>33813</td> </tr> </table>				Name	Lassi, Lisa S.					Street Address (P.O. Box Number is Not Acceptable)	2033 High Vista Drive					City	Lakeland		FL	Zip Code	33813
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Street Address (P.O. Box Number is Not Acceptable)	2033 High Vista Drive																						
City	Lakeland		FL	Zip Code	33813																		
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. <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE <u>Lisa S. Lassi</u></td> <td style="width:30%; text-align: center;"> <u>Lisa S. Lassi, ST</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:40%; text-align: right;"> <u>4-19-08</u> <small>DATE</small> </td> </tr> </table>						SIGNATURE <u>Lisa S. Lassi</u>	<u>Lisa S. Lassi, ST</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>4-19-08</u> <small>DATE</small>															
SIGNATURE <u>Lisa S. Lassi</u>	<u>Lisa S. Lassi, ST</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>4-19-08</u> <small>DATE</small>																					
Filing Fee is \$61.25 Due by May 1, 2008		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																			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																				
TITLE	BD GAUR, SUDHA <input type="checkbox"/> Delete		TITLE	P Dean, Nilo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
NAME	GAUR, SUDHA		NAME	Dean, Nilo																			
STREET ADDRESS	2009 HIGH VISTA DR		STREET ADDRESS	2010 High Vista Dr.																			
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33813																			
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
NAME	MACON, SHIRLEY		NAME	McCeldry, Bill																			
STREET ADDRESS	2004 HIGH VISTA DR		STREET ADDRESS	2063 High Vista Dr.																			
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33813																			
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	BD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
NAME	DEAN, NILO		NAME	Campano, Frank																			
STREET ADDRESS	2010 HIGH VISTA DR		STREET ADDRESS	2069 High Vista Dr.																			
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33813																			
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	LASSI, LISA		NAME																				
STREET ADDRESS	2033 HIGH VISTA DR		STREET ADDRESS																				
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP																				
TITLE	BD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	JORDAN, KEN		NAME																				
STREET ADDRESS	2015 HIGH VISTA DR		STREET ADDRESS																				
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP																				
TITLE	BD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	MANETTA, BARBARA		NAME																				
STREET ADDRESS	2027 HIGH VISTA DR		STREET ADDRESS																				
CITY-ST-ZIP	LAKELAND, FL 33813		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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/19/08</u> Daytime Phone # <u>863-412-7519</u>																				