

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.

City & State
Lakeland, FL

Zip
33813

Country
USA



02172008 Chg-NP CR2E037 (12/06)

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

**LASSI, LISA A
 2033 HIGH VISTA DR
 LAKELAND, FL 33813**

7. Name and Address of New Registered Agent

Name
Lassi, Lisa S.

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.

SIGNATURE *Lisa S. Lassi* **Lisa S. Lassi, ST** 4-19-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is **\$61.25** Due by **May 1, 2008**

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	BD GAUR, SUDHA 2009 HIGH VISTA DR LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dean, Nilo 2010 High Vista Dr. Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACON, SHIRLEY 2004 HIGH VISTA DR LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V McCeldry, Bill 2063 High Vista Dr. Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEAN, NILO 2010 HIGH VISTA DR LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD Campano, Frank 2069 High Vista Dr. Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LASSI, LISA 2033 HIGH VISTA DR LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD JORDAN, KEN 2015 HIGH VISTA DR LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD MANETTA, BARBARA 2027 HIGH VISTA DR LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **4/19/08** **863-412-7519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #