2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300000007

FILED Mar 12, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2033 HIGH VISTA DR. LAKELAND, FL 33813 US **Current Mailing Address: New Mailing Address:** P.O. BOX 6723 LAKELAND, FL 338076723 US FEI Number: 59-3190679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LASSI, LISA S 2033 HIGH VISTA DRIVE LAKELAND, FL 33813 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GAUR, SUDHA CHACHAD, YATIN Name: Name: 2009 HIGH VISTA DR Address: 2022 HIGH VISTA DR Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 Title: Title: (X) Change () Addition () Delete MCCELDRY, BILL Name: MCCELDRY, BILL Name: Address: 2063 HIGH VISTA DR. Address: 2063 HIGH VISTA DR. City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 Title: () Delete Title: () Change () Addition CAMPANO, FRANK Name: Name: 2069 HIGH VISTA DR. Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: () Delete Title: ST Title: () Change () Addition Name: LASSI, LISA Name: 2033 HIGH VISTA DR Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: BD () Delete Title: BD (X) Change () Addition JORDAN, KEN ETTENSOHN, BOB Name: Name: 2015 HIGH VISTA DR 2039 HIGH VISTA DR Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

DEAN NILO

2010 HIGH VISTA DR

LAKELAND, FL 33813

SIGNATURE: LISA LASSI ST 03/12/2009

MANETTA, BARBARA

2027 HIGH VISTA DR

LAKELAND, FL 33813

Name:

Address:

City-St-Zip: