

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90018 028 \*\*\*\*61.25

**DOCUMENT # N95000002388**

1. Entity Name  
**BUCK RIDGE WEST OWNERS ASSOCIATION, KNC**



Principal Place of Business  
**P.O. BOX 358273  
GAINESVILLE, FL 32635-8273**

Mailing Address  
**P.O. BOX 358273  
GAINESVILLE, FL 32635-8273**

**50000623**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3319556**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BROWNE, KIMBERLY  
3002 NW 51ST DR  
GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **D** ☒ Delete  
NAME **RYAN, STEPHEN**  
STREET ADDRESS **5120 NW 30 LANE**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☒ Delete  
NAME **KMAK, ED**  
STREET ADDRESS **3015 NW 51ST DR.**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☐ Delete  
NAME **MCLAUGHLIN, JOSEPH**  
STREET ADDRESS **3207 NW 53 DR**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **TD** ☐ Delete  
NAME **BROWNE, KIMBERLY**  
STREET ADDRESS **3002 NW 51 DR**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **NANCY DEREN**  
STREET ADDRESS **5344 NW 32 LANE**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ Change ☒ Addition  
NAME **BARBARA STAKELY**  
STREET ADDRESS **3133 NW 53 DRIVE**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #