

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 1/15/08

**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 PD
NAME DEREN, NANCY
STREET ADDRESS 5344 32'LN
CITY-ST-ZIP GAINESVILLE, FL 32606

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VPD
NAME STAKELY, BARBARA
STREET ADDRESS 3133 NW 53 DR
CITY-ST-ZIP GAINESVILLE, FL 32606

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME MC LAUGHLIN, JOSEPH
STREET ADDRESS 3207 NW 53 DR
CITY-ST-ZIP GAINESVILLE, FL 32606

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE SD
NAME PIERE ANTOINE, CONNIE
STREET ADDRESS 2909 SW 51ST DRIVE
CITY-ST-ZIP GAINESVILLE, FL 32606

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME DINH, HUAN
STREET ADDRESS 5128 NW 28 LANE
CITY-ST-ZIP GAINESVILLE, FL 32606

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:

Kimberly Browne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08

Date

Daytime Phone #



**FILED
Feb 19, 2008 8:00 am
Secretary of State**

02-19-2008 90028 010 ****61.25