

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002388

FILED
Jun 23, 2009
Secretary of State

Entity Name: BUCK RIDGE WEST OWNERS ASSOCIATION, KNC

Current Principal Place of Business:

P.O. BOX 358273
GAINESVILLE, FL 326358273

New Principal Place of Business:

3002 NW 51ST DRIVE
GAINESVILLE, FL 32606

Current Mailing Address:

P.O. BOX 358273
GAINESVILLE, FL 326358273

New Mailing Address:

FEI Number: 59-3319556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

Title: PD () Delete
Name: DEREN, NANCY
Address: 5344 32 LN
City-St-Zip: GAINESVILLE, FL 32606

Title: VPD () Delete
Name: STAKELY, BARBARA
Address: 3133 NW 53 DR
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: MCLAUGHLIN, JOSEPH
Address: 3207 NW 53 DR
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: BROWNE, KIMBERLY
Address: 3002 NW 51 DR
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: PIERE ANTOINE, CONNIE
Address: 2909 SW 51ST DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: DINH, HUAN
Address: 5128 NW 28 LANE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PIAZZA, JUSTIN
Address: 5110 NW 30TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PIERRE ANTOINE, CONNIE
Address: 2909 SW 51ST DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KIMBERLY BROWNE

TD

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date