

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002388

FILED
Jan 17, 2011
Secretary of State

Entity Name: BUCK RIDGE WEST OWNERS ASSOCIATION, KNC

Current Principal Place of Business:

3002 NW 51ST DRIVE
GAINESVILLE, FL 32606

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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
Name: PIAZZA, JUSTIN
Address: 5110 NW 30TH LANE
City-St-Zip: GAINESVILLE, FL 32606

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

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

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

Title: SD
Name: CORVETTO, STEPHANIE
Address: 5336 NW 30TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: D
Name: CORVETTO, ALEX
Address: 5336 NW 30TH LANE
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY BROWNE

TD

01/17/2011

Electronic Signature of Signing Officer or Director

Date