


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90036 029 \*\*\*\*61.25

**DOCUMENT # N95000004924**

1. Entity Name  
**BIG R HILL ROAD LANDOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address

**3255 SE 164 TERRACE OCKLAWAHA FL 32179**      **3255 SE 164 TERR OCKLAWAHA FL 32179**

**40022572**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**INSLEY, ORLO E**  
**3255 SE 164 TERRACE**  
**OCKLAWAHA FL 32179**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	<input type="checkbox"/> Delete
NAME	DYALL, RANDALL E JR	
STREET ADDRESS	3435 SE 164TH TERR	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIGNEAU, ROBERT R	
STREET ADDRESS	3425 SE 164TH TERR	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, DARLEN M	
STREET ADDRESS	2241 NW 80TH AVE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	PD	<input type="checkbox"/> Delete
NAME	INSLEY, ORLO E	
STREET ADDRESS	3255 SE 164 TERRACE	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	INSLEY, RUTH M	
STREET ADDRESS	3255 SE 164 TERRACE	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, RICKY	
STREET ADDRESS	3465 SE 164 TERR	
CITY-ST-ZIP	OCKLAWAHA FL 32179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD HARRISON	
STREET ADDRESS	3465 SE 164 TERRACE	
CITY-ST-ZIP	OCKLAWAHA FLA. 32179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Orlo E Insley      Date: 2/22/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #