

04-21-2003 90517 050 ****61.25

DOCUMENT # N95000004924

1. Entity Name

BIG R HILL ROAD LANDOWNERS ASSOCIATION, INC. ✓

Principal Place of Business

3255 SE 164 TERRACE
OCKLAWAHA FL 32179

Mailing Address

P.O. BOX 1480
SILVER SPRINGS FL 34489

11004051

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3255 SE 164 TERR
OCKLAWAHA FL 32179



DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing:
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MRSIC, JOE, I SR	
STREET ADDRESS	3402 EDMONT AVE	
CITY-ST-ZIP	BROOKHAVEN PA 19015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MRSIC, JOE JR	
STREET ADDRESS	3402 EDMONT AVENUE	
CITY-ST-ZIP	BROOKHAVEN PA 19015	
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	P.O. BOX 1480	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	INSLEY, RUTH M	
STREET ADDRESS	P.O. BOX 1480	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICKY JONES	
STREET ADDRESS	16245 SE 27TH PLACE RD.	
CITY-ST-ZIP	OCKLAWAHA FLA 32179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	AD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL E. DYAL JR.	
STREET ADDRESS	3435 S.E. 164TH TERR.	
CITY-ST-ZIP	OCKLAWAHA, FLA. 32179	
TITLE	AD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT R. VIGNEAU	
STREET ADDRESS	3425 SE. 164 TH TERR.	
CITY-ST-ZIP	OCKLAWAHA, FLA. 32179	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLO E Insley	
STREET ADDRESS	3255 SE 164 TERR.	
CITY-ST-ZIP	OCKLAWAHA FLA 32179	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH M. Insley	
STREET ADDRESS	3255 SE 164 TERR.	
CITY-ST-ZIP	OCKLAWAHA FLA. 32179	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

Daytime Phone #