

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90259 045 \*\*\*\*61.25

**DOCUMENT # N97000001209**

1. Entity Name

**BLUERIDGE ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

1826 SOD DR  
FORT WALTON BEACH FL 32547

1826 SOD DR  
FORT WALTON BEACH FL 32547

- 17000 -



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PECK, JODY L**  
1826 SOD DRIVE  
FORT WALTON BEACH FL 32547

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
NAME: TERRANDO, ANTHONY  
STREET ADDRESS: 1017 D CREEL STREET  
CITY-ST-ZIP: FORT WALTON BEACH FL 32547  Delete

TITLE: President  
NAME: Sally Charlesworth  
STREET ADDRESS: 1842 Sod Drive  
CITY-ST-ZIP: Fort Walton Beach, FL 32547  Change  Addition

TITLE: VPT  
NAME: HARMER, JANET  
STREET ADDRESS: 1026 BLUE RIDGE DRIVE  
CITY-ST-ZIP: FORT WALTON BEACH FL 32547  Delete

TITLE: Vice President  
NAME: Anthony Terrando  
STREET ADDRESS: 1017 D Creel Street  
CITY-ST-ZIP: Fort Walton Beach, FL 32547  Change  Addition

TITLE: STD  
NAME: PECK, JODY L  
STREET ADDRESS: 1826 SOD DRIVE  
CITY-ST-ZIP: FORT WALTON BEACH FL 32547  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

*Jody L Peck*  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/02

Date

850-244-2332x224

Daytime Phone #

CR2E037 (9/01)