

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

03-19-2003 90111 014 ****61.25

DOCUMENT # N97000001209

1. Entity Name

BLUERIDGE ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED



Principal Place of Business

1826 SOD DR
FORT WALTON BEACH FL 32547

Mailing Address

1826 SOD DR
FORT WALTON BEACH FL 32547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Shannon DeBerry**
Street Address (P.O. Box Number is Not Acceptable)
1838 Sea Drive
Ft. Walton Beach FL 32547

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **CHARELSWORTH, SALLY**
STREET ADDRESS **1842 SOD DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Janet Norman**
STREET ADDRESS **1007 Ft. Walton Bch, FL**
CITY-ST-ZIP **32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Change ☐ Addition
NAME **Shannon DeBerry**
STREET ADDRESS **1838 SOD**
CITY-ST-ZIP **Ft. Walton Bch, FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

Date

Daytime Phone #

CR2E037 (10/02)