2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006113

1. Entity Name
BRIDLE RUN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8975 SW 9TH TERR OCALA, FL 34476	8975 SW 9TH TERR OCALA, FL 34476

01172005 No Chg-NP CR2E037 (10/03)

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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

LANE, ROBERT D
8975 SW 9TH TERR
OCALA, FL 34476

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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
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent must sign if registered office is changed)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LANE, ROBERT
STREET ADDRESS	8975 SW 9TH TERR
CITY ST ZIP	OCALA, FL 34476
TITLE	V
NAME	BUBLEY, MICHAEL
STREET ADDRESS	9545 SW 9TH TERR
CITY ST ZIP	OCALA, FL 34476
TITLE	S
NAME	TWARDOSKY, BRETTE
STREET ADDRESS	9160 SW 9TH TERR
CITY ST ZIP	OCALA, FL 34476
TITLE	T
NAME	STELLJES, PAUL
STREET ADDRESS	8840 SW 9TH TERR
CITY ST ZIP	OCALA, FL 34476
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/21/05-80033-023 61.25

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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: Paul Stelljes Paul Stelljes 1/7-05 352-572-5358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #