

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006113

FILED  
Jan 06, 2008  
Secretary of State

Entity Name: BRIDLE RUN HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

9460 SW 9TH TERR  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

9460 SW 9TH TERR  
OCALA, FL 34476

**New Mailing Address:**

P.O. BOX 2610  
BELLEVIEW, FL 34420

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YAMAMOTO, MARYELLEN F  
9460SW 9TH TERR  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FISH, GUY  
Address: SW 9095 SW 9TH TERR  
City-St-Zip: OCALA, FL 34476

Title: S ( ) Delete  
Name: WAGNER, STEVEN  
Address: 9380 SW 9TH TERR  
City-St-Zip: OCALA, FL 34476

Title: VP ( ) Delete  
Name: TWARDOSKY, MITCH  
Address: 9160 SW 9TH TERR  
City-St-Zip: OCALA, FL 34476

Title: T ( ) Delete  
Name: YAMAMOTO, MARYELLEN  
Address: 9460 SW 9TH TERRACE  
City-St-Zip: OCALA, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYELLEN YAMAMOTO, TREASURER

T

01/06/2008

Electronic Signature of Signing Officer or Director

Date