

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006113

FILED
Mar 18, 2009
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:

P.O. BOX 2610
BELLEVIEW, FL 34420

New Mailing Address:

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:

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

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:

03/18/2009

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHELLEY, SUSAN
Address: 9540 SW 9TH TER
City-St-Zip: OCALA, FL 34476

Title: S (X) Change () Addition
Name: KOPCZYK, LADONNA
Address: 8975 SW 9TH TER
City-St-Zip: OCALA, FL 34476

Title: VP (X) Change () Addition
Name: LANE, MARYLEE
Address: 9520 SW 9TH TER
City-St-Zip: OCALA, FL 34476

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

Title: XP () Change (X) Addition
Name: GODIN, GARRETT P
Address: 9445 SW 9TH TER
City-St-Zip: OCALA, FL 34476

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: GODIN GARRETT

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date