FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 747041

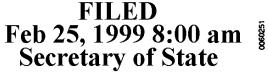
BRIAN COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business CORAL CONDO MGMT.. INC. 4821 CORONADO PKWY CAPE CORAL FL 33904

Mailing Address

P.O. BOX 1282

CAPE CORAL FL 33910-1282



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2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	į		
21		26		05/03/1979			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For		
22		27		59-2097489	Not Applicable		
City & State	Э	City & State		5. Certificate of Status Desired	88.75 Additional Fee Required		
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be		
24	25	29 30	0	Trust Fund Contribution	Added to Fees		
	9. Name and Address of Current		<u>, </u>	10. Name and Address of New Registered Age	nt		
		<u> </u>	81 Name	theory luncho			
WASCORERO CUIDTIC M				20 State (B) Southwater in Net Association			
WASSBERG, CURTIS M.				82 Street Address (P.O. Box Number is Not Acceptable)			
4821 CORONADO PARKWAY				83			
CAPE CO	RAL FL 33904						
				84 City / Apo Coral FL 85 33904			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named confortion submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.							
office or n	egistered agent, of both, in the State o m familiar with and accept the obligati	r Florida. Such change was autr ons of, Section 617,0503, Florid	a Statutes	ration's board of directors. Thereby accept the appointment	ent as registored		
	Und-1	Mulley	410	The Wille hora I-1	15-99		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Agent signature re				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	PD	☐ DELETE	1.1 TITLE		Change		
NAME	DILELLA, CHRIS		1.2 NAME				
STREET ADDRESS	4629 SE 5TH PLACE #14		1.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 00000		1.4 CITY-ST-ZIP				
TITLE	VPD	☐ DELETE	2.1 TITLE		Change		
NAME	HADLEY, SHIRLEY		22 NAME				
STREET ADDRÉSS	4628 SE 6TH AVE, UNIT D		2.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 00000 33904		2.4 CITY-ST-ZIP				
TITLE	TD	☐ DELETE	31 TITLE		Change Addition		
NAME	CHRISMAN, ROGER		3.2 NAME				
STREET ADDRESS	4628 SE 6TH AVE, #B		3.3 STREET ADDRESS				
	CAPE CORAL FL		3.4. CITY-ST-ZIP				
CITY-ST-ZIP TITLE	SD	☐ DELETE	4.1 TITLE		Change Addition		
NAME	WAMBOLD, THELMA		4, 2 NAME				
	4624 SE 6TH AVENUE #1-K		4.3 STREET ADDRESS				
STREET ADDRESS	CAPE CORAL FL		4.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	D	☐ DELETE	5.1 TITLE		Change Addition		
	MOTT, JEAN		5.2 NAME	_			
NAME			5.3 STREET ADDRESS		İ		
STREET ADDRESS	CAPE CORAL FL 33904		5.4 CITY-ST-ZIP				
CITY-ST-ZIP	CAPE CORAL PL 33904	☐ DELETE	6.1 TITLE		Change Addition		
TITLE		- Deceie	6.2 NAME		- " -		
NAME			6.3 STREET ADDRESS				
STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: