

FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764420 (6)
1. Corporation Name
BRAEMOOR VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., STE. 110 LARGO FL 34640-5183	Mailing Address C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., STE. 110 LARGO FL 33770-8124
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3. Date Incorporated or Qualified 08/04/1982	3a. Date of Last Report 04/18/1996
4. FEI Number 59-2443888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 33770	29 33770

9. Name and Address of Current Registered Agent
**INFINITI PROPERTY MANAGEMENT
1301 SEMINOLE BLVD., STE. 110
LARGO FL 33640-5183**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 33770

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, EVELYN	1.2 NAME	
STREET ADDRESS	1648 HAMILTON CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, LILLIAN	2.2 NAME	SALVANTE, JOE
STREET ADDRESS	1652 BATCHELOR CT.	2.3 STREET ADDRESS	1668 FRY COURT
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUCK, SALLY	3.2 NAME	HARLIN, WILBUR
STREET ADDRESS	1628 HAMILTON CT. #33	3.3 STREET ADDRESS	1701 HAMILTON COURT
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, JUDY	4.2 NAME	
STREET ADDRESS	1689 HAMILTON CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMERON, SCOTT	5.2 NAME	SKIDD, DORIS
STREET ADDRESS	1611 HAMILTON COURT	5.3 STREET ADDRESS	1620 HAMILTON COURT
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JAMES	6.2 NAME	
STREET ADDRESS	1658 NASH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: Sandra B. Mortham April 2, 1997 (813) 734-9537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049690

CR2E037 (9/96)