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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 764420

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 33770
 US

Mailing Address

C/O INFINITI PROPERTY MANAGEMENT, INC.
 1301 SEMINOLE BLVD., STE. 110
 LARGO FL 33770
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

08/04/1982

4. FEI Number

59-2443888

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

85 Zip Code 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD DELETE
 NAME COLLINS, LILLIAN
 STREET ADDRESS 1652 BATCHELOR CT
 CITY-ST-ZIP DUNEDIN FL 34698

TITLE D DELETE
 NAME SALVANTE, JOE
 STREET ADDRESS 1668 FRY COURT
 CITY-ST-ZIP DUNEDIN FL

TITLE D DELETE
 NAME HARLIN, WILBUR
 STREET ADDRESS 1701 HAMILTON CT
 CITY-ST-ZIP DUNEDIN FL

TITLE DT DELETE
 NAME FERGUSON, JUDY
 STREET ADDRESS 1689 HAMILTON CT.
 CITY-ST-ZIP DUNEDIN FL

TITLE D DELETE
 NAME SKIDD, DORIS
 STREET ADDRESS 1620 HAMILTON CT
 CITY-ST-ZIP DUNEDIN FL

TITLE PD DELETE
 NAME HUGHES, JAMES
 STREET ADDRESS 1658 NASH COURT
 CITY-ST-ZIP DUNEDIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE V/D Change Addition
 2.2 NAME HURLEY, MAXINE
 2.3 STREET ADDRESS 1688 FRY COURT
 2.4 CITY-ST-ZIP DUNEDIN, FL 34698

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE D Change Addition
 5.2 NAME HARPER, BILL
 5.3 STREET ADDRESS 1640 HAMILTON COURT
 5.4 CITY-ST-ZIP DUNEDIN, FL 34698

6.1 TITLE Change Addition
 6.2 NAME GENE
 6.3 STREET ADDRESS
 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gene Hughes SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037- (4-1-98)