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**Apr 23, 1999 8:00 am**  
**Secretary of State**

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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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

*Gene Hughes* 4/23/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/23/99 Daytime Phone # 777-2101

CR2F037- (4-1-98)