## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09356

FILED Apr 20, 2006 Secretary of State

Entity Name: BRIGADOON OF CLEARWATER HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1003 BRIGADOON DRIVE CLEARWATER, FL **Current Mailing Address: New Mailing Address:** 28100 US, HWY 19N CLEARWATER, FL 33761 FEI Number: 59-2908905 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RESOURCE PROPERTY MGMT 28100 US HWY 19 N 305 CLEARWATER, FL 33761 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete TURNBAUM, ERIKA TUCHBAUM, ERIKA Name: Name: 201 BRIDGADOON DR Address: 201 BRIDGADOON DR Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33759 Title: () Delete Title: (X) Change ( ) Addition PELLICHIO, ROBERT Name: MCNEELY, JERI Name: Address: 1474 MANATEE AVE Address: 2703 BRIGADOON DR City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: CLEARWATER, FL 33759 Title: () Delete Title: () Change () Addition ACHINELLI, DIANE Name: Name: 904 BRIGADOON DR. Address: Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: DEVOE, CONNIE Name: Address: 5304 BRIGADOON DR Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: Title: (X) Delete Title: () Change () Addition GOLDMAN, CHARLOTTE Name: Name: 800 FREBIS AVE., BOX 0236 Address: Address: City-St-Zip: COLUMBUS, OH 43206 City-St-Zip: Title: (X) Delete Title: () Change () Addition QUEEN, GARY Name: Name: Address: 2915 SR 590, SUITE 21 Address: CLEARWATER, FL 33759 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE ACHINELLI PD 04/20/2006