

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90042 046 \*\*\*\*61.25

<b>DOCUMENT # N09356</b> 1. Entity Name <b>BRIGADOON OF CLEARWATER HOMEOWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>1003 BRIGADOON DRIVE</b> <b>CLEARWATER, FL</b>		Mailing Address <b>3001 EXECUTIVE DRIVE</b> <b>SUITE 260</b> <b>CLEARWATER, FL 33761</b>	
2. Principal Place of Business - No P.O. Box # <b>3001 Executive Dr.</b>		3. Mailing Address <b>3001 Executive Dr.</b>	
Suite, Apt., #, etc. <b>Suite 260</b>		Suite, Apt., #, etc. <b>Suite 260</b>	
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>	
Zip <b>33762</b>		Zip <b>33762</b>	
Country <b>Pinellas</b>		Country <b>Pinellas</b>	
4. FEI Number <b>59-2908905</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CONDOMINIUM ASSOCIATES</b> <b>3001 EXECUTIVE DRIVE</b> <b>SUITE 260</b> <b>CLEARWATER, FL 33762</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE <b>4/3/08</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TUCHBAUM, ERIKA 201 BRIGADOON DR CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	R.D. Hickman Daniel 2904 Brigadoon Dr Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BEARDSLEY, GEORGE 1504 BRIGADOON DRIVE CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Robert Aronovitz 2801 Brigadoon Dr Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ACHINELLI, DIANE 904 BRIGADOON DR. CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T.D. Cherry Pyotok 1294 Brigadoon Dr Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HICKMAN, DANIEL 2904 BRIGADOON DRIVE CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Alberto Rodriguez 1004 Brigadoon Dr Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HEFFINGTON, GARY 2702 BRIGADOON DR CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Eric DeVoe 1003 Brigadoon Dr Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEVOE, ERIC 1003 BRIGADOON DR CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Todd Horton 3701 Brigadoon Dr Clearwater, FL 33759
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE		Date <b>4-14-08</b>	