

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

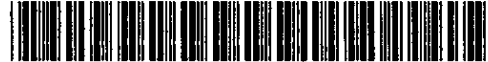
FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90006 012 ****61.25

DOCUMENT # N97000006838	
1. Entity Name BRIER HILL HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 11553 KINGS RIDGE CT S JACKSONVILLE, FL 32218 US	Mailing Address 11553 KINGS RIDGE CT S JACKSONVILLE, FL 32218 US
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44049589



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07202004 Chg-NP CR2E037.(10/03)

4. FEI Number
59-3489283

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAKER, BERNADETTE M 11553 KINGS RIDGE COURT SOUTH JACKSONVILLE, FL 32218		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAKER, BERNADETTE M	NAME	
STREET ADDRESS	11553 KINGS RIDGE COURT SOUTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	
TITLE	VPD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	RIVERS, JEFFERY	NAME	Barbara Lott
STREET ADDRESS	762 CARRIAGE HILL DR	STREET ADDRESS	756 Carriage Hill Dr
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	Jax, FL 32218
TITLE	C ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	RUSS, RICHARD	NAME	Michael Smith
STREET ADDRESS	11601 KINGS RIDGE CT N	STREET ADDRESS	11600 Kings Ridge Court North
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	Jax, FL 32218
TITLE	DVS ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	PETERSON, TANIKA	NAME	Eulipoa Williams
STREET ADDRESS	11571 KINGS RIDGE COAT S.	STREET ADDRESS	11513 Kings Ridge Ct S
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	Jax, FL 32218
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/04 904-791-6154