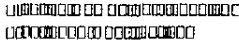
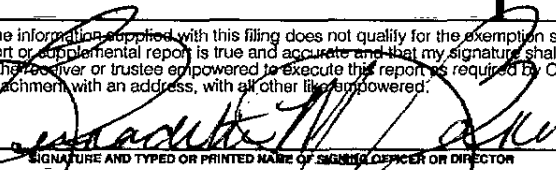


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
		01222005 No 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		
BAKER, BERNADETTE M 11553 KINGS RIDGE COURT SOUTH JACKSONVILLE, FL 32218		DO NOT WRITE IN THIS SPACE
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 May 1, 2005		9.  ☐ \$5.00 May Be Added to Fees
		1100000209030 02/02/05-80021-004 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAKER, BERNADETTE M 11553 KINGS RIDGE COURT SOUTH JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOTT, BARBARA 756 CARRIAGE HILL DR JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH, MICHAEL 11600 KINGS RIDGE COURT NORTH JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WILLIAMS, EULYSSA 11513 KINGS RIDGE CT S JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: 		1/27/05 904 791-6154 Date Daytime Phone #