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	Mailing Address
11553 KINGS RIDGE CT S JACKSONVILLE, FL 32218 US	11553 KINGS RIDGE CT S JACKSONVILLE, FL 32218 US

01222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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. [illegible] ☐ **$5.00** May Be Added to Fees

000000209030
02/02/05-80021-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BAKER, BERNADETTE M
STREET ADDRESS	11553 KINGS RIDGE COURT SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	VPD
NAME	LOTT, BARBARA
STREET ADDRESS	756 CARRIAGE HILL DR
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	C
NAME	SMITH, MICHAEL
STREET ADDRESS	11600 KINGS RIDGE COURT NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	DVS
NAME	WILLIAMS, EULYSS A
STREET ADDRESS	11513 KINGS RIDGE CT S
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] [illegible] 1/27/05 904 794-6154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #