2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N98000000552

Entity Name: BRIAR PATCH ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

406 S.W. UNCLE REMUS GLN.
FT. WHITE, FL 32038 US

New Principal Place of Business:

Current Mailing Address:

406 S.W. UNCLE REMUS GLN.
FT. WHITE, FL 32038 US

New Mailing Address:

FEI Number: 59-3530739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLANCHARD, STEPHANIE
406 UNCLE REMUS GLEN
FT. WHITE, FL 32038 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: BLANCHARD, STEPHANIE
Address: 406 S.W. UNCLE REMUS GLN.
City-St-Zip: FT. WHITE, FL 32038 US

Title: D ( ) Delete
Name: BIEGNER, NORMAN
Address: 224 S.W. UNCLE REMUS GLN.
City-St-Zip: FORT WHITE, FL 32038 US

Title: D ( ) Delete
Name: LARSEN, ERIC
Address: 239 S.W. UNCLE REMUS GLN.
City-St-Zip: FT. WHITE, FL 32038 US

Title: D ( ) Delete
Name: BODEN, STEVE
Address: 427 S.W. UNCLE REMUS GLN.
City-St-Zip: FORT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHANIE BLANCHARD D 05/01/2005

Electronic Signature of Signing Officer or Director — Date