


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90088 024 ****61.25

DOCUMENT # N98000000552

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



Principal Place of Business
**406 S.W. UNCLE REMUS GLN.
 FT. WHITE, FL 32038 US**

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

2. Principal Place of Business - No P.O. Box #
224 SW UNCLE REMUS GLEN
 Suite, Apt. #, etc. **GLEN**

3. Mailing Address
224 SW UNCLE REMUS GLEN
 Suite, Apt. #, etc. **GLEN**

City & State
FORT WHITE FL
 Zip **32038** Country **USA**

City & State
FORT WHITE FL
 Zip **32038** Country **USA**



01302007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**BLANCHARD, STEPHANIE
 406 UNCLE REMUS GLEN
 FT. WHITE, FL 32038**

4. FEI Number
59-3530739

Applied For
 Not Applicable

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


7. Name and Address of New Registered Agent

Name
BIEGNER, NORMAN

Street Address (P.O. Box Number is Not Acceptable)
224 SW UNCLE REMUS GLEN

City
FORT WHITE FL Zip Code **32038**

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  **NORMAN L. BIEGNER** SECRETARY / TREASURER 28 MAR 07

(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

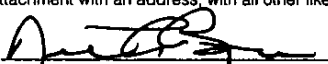
10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLANCHARD, STEPHANIE	
STREET ADDRESS	406 S.W. UNCLE REMUS GLN.	
CITY-ST-ZIP	FT. WHITE, FL 32038	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIEGNER, NORMAN	
STREET ADDRESS	224 S.W. UNCLE REMUS GLN.	
CITY-ST-ZIP	FORT WHITE, FL 32038	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSEN, ERIC	
STREET ADDRESS	239 S.W. UNCLE REMUS GLN.	
CITY-ST-ZIP	FT. WHITE, FL 32038	
TITLE	D	<input type="checkbox"/> Delete
NAME	BODEN, STEVE	
STREET ADDRESS	427 S.W. UNCLE REMUS GLN.	
CITY-ST-ZIP	FORT WHITE, FL 32038	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **NORMAN L. BIEGNER** 28 MAR 07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

386-497-3822