


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT# N98000000552

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



Principal Place of Business 224 SW UNCLE REMUS GLEN FORT WHITE, FL 32038 US	Mailing Address 224 SW UNCLE REMUS GLEN FORT WHITE, FL 32038 US
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04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3530739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIEGNER, NORMAN
224 SW UNCLE REMUS GLEN
FORT WHITE, FL 32038

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEGNER, NORMAN 224 S.W. UNCLE REMUS GLN. FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, ERIC 239 S.W. UNCLE REMUS GLN. FT. WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODEN, STEVE 427 S.W. UNCLE REMUS GLN. FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/21/08-80117-010 61.25

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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 Biegner* **09 APR 08** **386-497-3822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #