SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR -2 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000876

1. Corporation Name
BRIAR BAY ORLANDO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
529 VERSAILLES DRIVE SUITE 200 MAITLAND FL 32751	529 VERSAILLES DRIVE SUITE 200 MAITLAND FL 32751

REINSTATEMENT 99-(8)

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1416 Concord St. East	26 PO Box 531010	02/19/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3393302 ☐ Applied For ☐ Not Applicable
23 Orlando FL	28 Orlando FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 32803 25 Country US	29 Zip 32853-1010 30 Country US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HANSON, JACK B
THE MELROSE MGMT GROUP
229 PAADENA PLACE #100
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name The Melrose Group
82 Street Address
83 1416
84 City Orlando Zip Code 32803

The Melrose Corporation
Post Office Box 531010
1416 Concord Street East
Orlando, FL 32803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE J. B. Hanson 11/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE P/D	President /DIRECTOR	☐ Change ☒ Addition
NAME	BRADICK, RAYMOND R		1.2 NAME	Robert Langford	
STREET ADDRESS	529 VERSAILLES DRIVE, SUITE 200		1.3 STREET ADDRESS	495 Briar Bay Circle	
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP	Orlando FL 32825	
TITLE	D	☒ DELETE	2.1 TITLE S/D	Secretary /DIRECTOR	☐ Change ☒ Addition
NAME	SINGLETON, RALPH		2.2 NAME	Lisa Seabrooks	
STREET ADDRESS	529 VERSAILLES DRIVE, SUITE 200		2.3 STREET ADDRESS	365 Briar Bay Circle	
CITY-ST-ZIP	MAITLAND FL 32751		2. 4 CITY-ST-ZIP	Orlando FL 32825	
TITLE	D	☒ DELETE	3.1 TITLE D	Director	☐ Change ☒ Addition
NAME	BLACKBURN, ROBERT D JR.		3.2 NAME	Kenyatta Rivers	
STREET ADDRESS	529 VERSAILLES DRIVE, SUITE 200		3.3 STREET ADDRESS	373 Briar Bay Circle	
CITY-ST-ZIP	MAITLAND FL 32751		3.4. CITY-ST-ZIP	Orlando FL 32825	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	800003169378--2	
STREET ADDRESS			4.3 STREET ADDRESS	-03/14/00--01119--013	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****297.50 ****297.50	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	RE	

CR2E037 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Lisa Seabrooks 11/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #