

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737214

FILED  
Mar 06, 2006  
Secretary of State

**Entity Name:** BRIAR CREEK MOBILE HOME COMMUNITY I, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

**FEI Number:** 59-1718777      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 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: SD ( ) Delete  
Name: MARTIN, ROY  
Address: 44 STAG RUN COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD ( ) Delete  
Name: MCEVOY, ROBERT  
Address: 140 THISTLE BRIAR DR.  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD ( ) Delete  
Name: LOUDENSLAGER, GEORGE  
Address: 30 BIRCH CREEK DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD ( ) Delete  
Name: DETTMER, AL  
Address: 65 SUGAR BEAR DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: GUAZZEROTTI, JOSEPH  
Address: 127 SILVER FOX DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: HERTEL, DOROTHY  
Address: 74 SUGAR BEAR DR  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VD (X) Change ( ) Addition  
Name: PHILYAW, ANDY  
Address: 110 JUNIPERUS DRIVE  
City-St-Zip: SAFETY HARBOR, FL 34695

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 Chapter 119, 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: AL DETTMER

PD

03/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date