FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **521194** **(1)**

1. Corporation Name

BRINKERHOFF PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
154 S PENINSULA DRIVE DAYTONA BEACH FL 32118-4490	154 S PENINSULA DRIVE DAYTONA BEACH FL 32118-4490

3. Date Incorporated or Qualified: **12/24/1976**
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-1712380** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRINKERHOFF, ELIZABETH A
4636 GOLDEN APPLES TR
PT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRINKERHOFF, ELIZABETH A		1.2 NAME		
STREET ADDRESS	4636 GOLDEN APPLES TR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRINKERHOFF, DAVID J.		2.2 NAME		
STREET ADDRESS	1035 JUNE TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRINKERHOFF, ERIC		3.2 NAME		
STREET ADDRESS	1114 AVENUE J.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH., FL 00000		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BRINKERHOFF, STACY		4.2 NAME	Stacy Brinkerhoff	
STREET ADDRESS	1124 AVENUE K		4.3 STREET ADDRESS	3541 Red Barn Lane	
CITY-ST-ZIP	ORMOND BCH, FL 00000		4.4 CITY-ST-ZIP	Ormond Beach Fl 32174	
TITLE	VP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MOLTANE, STEPHEN		5.2 NAME	Stephen Moltane	
STREET ADDRESS	56 LEMON TWIST LANE		5.3 STREET ADDRESS	220 Riverbluff Drive	
CITY-ST-ZIP	PORT ORANGE FL		5.4 CITY-ST-ZIP	Ormond Beach Fl 32174	
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen Moltane STEPHEN MOLTANE 3/12/96 904 258 3802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #