2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 521194

1. Entity 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

07012004 No Chg-P CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	BRINKERHOFF, ELIZABETH A
STREET ADDRESS	4636 GOLDEN APPLES TR.
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	VP
NAME	BRINKERHOFF, ERIC
STREET ADDRESS	3580 RODEO ACRES DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	PD
NAME	BRINKERHOFF, STACY
STREET ADDRESS	3541 RED BARN LANE
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	VP
NAME	MOLTANE, STEPHEN
STREET ADDRESS	216 SAGEBRUSH TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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 607, 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: Stephen Moltane STEPHEN MOLTANE 7/1/04 386 258-3802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #