

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

90 MAY 23 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715555 (9)

1. Corporation Name

BRIERWOOD RECREATION ASSOCIATION, INC.

Principal Place of Business

9439 WEXFORD RD
JACKSONVILLE FL 32257
US

Mailing Address

9439 WEXFORD RD.
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1968

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1268379

Applied For

Not Applicable

2. Principal Place of Business

21 8613 OLD KING RD. South

2a. Mailing Address

26 P O Box 23581

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Jacksonville FL

City & State

28 Jacksonville FL

Zip

24 32217

Country

25 USA

Zip

29 32241

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

9. Name and Address of Current Registered Agent

SLATTERY, JOHN
9439 WEXFORD RD.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

STEPHEN Summa

82 Street Address (P.O. Box Number is Not Acceptable)

9265 JAYBIRD CR. W.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32257

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

Stephen Summa

Signature of individual or printed name of registered agent and title if applicable

STEPHEN Summa Pres.

(NOTE: Registered Agent signature required when re-registering)

4-20-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

JERRY STECKLOFF

STREET ADDRESS

3273 BEAUCCORE RD.

CITY - ST - ZIP

JACKSONVILLE FL 32257

TITLE

VD

NAME

RICK ANDES

STREET ADDRESS

4120 SAN SEVERA DR.

CITY - ST - ZIP

JACKSONVILLE FL 32217

TITLE

TD

NAME

STEVE, SUMMA

STREET ADDRESS

9265 W. JAYBIRD CIR.

CITY - ST - ZIP

JACKSONVILLE FL 32257

TITLE

D

NAME

TIM PAROUS,

STREET ADDRESS

4700 PRAVOR DR. SO.

CITY - ST - ZIP

JACKSONVILLE FL 32217

TITLE

D

NAME

DAN LAHEY,

STREET ADDRESS

4826 BRIGHTON DR.

CITY - ST - ZIP

JACKSONVILLE FL 32217

TITLE

D

NAME

STEELE, WALTER

STREET ADDRESS

4881 PHILROSE COURT

CITY - ST - ZIP

JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

JERRY STECKLOFF
3273 BEAUCCORE RD.

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

4120 SAN SEVERA DR. N.

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TIM PARDUE
4700 PRAVOR DR. S.

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen Summa

STEPHEN Summa Pres.

4-20-95

904 367 9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #