

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 715555 (9)

1. Corporation Name

BRIERWOOD RECREATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8613 OLD KING RD. SOUTH
JACKSONVILLE FL 32217
US

PO BOX 23581
JACKSONVILLE FL 32241
US

3. Date Incorporated or Qualified
11/13/1968

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1268379

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

27

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMA, STEPHEN
9265 JAYBIRD CR W
JACKSONVILLE FL 32257

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 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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
STECKLOFF, JERRY
3273 BEAUCLERC RD
JACKSONVILLE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
RICK ANDES
4120 SAN SERVERA DR. N
JACKSONVILLE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
STEVE, SUMMA
9265 W. JAYBIRD CIR.
JACKSONVILLE FL 32257

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PARDUE, TIM
4700 PRAVER DR S
JACKSONVILLE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
DAN LAHEY,
4826 BRIGHTON DR.
JACKSONVILLE FL 32217

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
STEELE, WALTER
4861 PHILROSE COURT
JACKSONVILLE FL

☐ DELETE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN SUMMA

1-22-96

(904) 367 9002

CR2E037 (12/95)