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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **737214** **(7)**

1. Corporation Name

BRIAR CREEK MOBILE HOME COMMUNITY 1, INC.

Principal Place of Business	Mailing Address
2753 S.R. 580.STE.207 CLEARWATER FL 34621	2753 S.R. 580.STE.207 CLEARWATER FL 34621-3345

3. Date Incorporated or Qualified: **11/03/1976**
3a. Date of Last Report: **02/15/1996**

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: **59-1718777** ☐ 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

MAUREEN REARDON,PRES. PROGRESSIVE MGMT INC
2753 SR 580, STE 207
CLEARWATER FL 34621

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	V/D	☐ Change ☒ Addition
NAME	SPECKMAN, RAHE		1.2 NAME	MENARD, LOU	
STREET ADDRESS	85 REDWOOD DRIVE		1.3 STREET ADDRESS	78 SUGAR BEAR DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ODELL, JO		2.2 NAME	RICHARDSON, STAN	
STREET ADDRESS	88 CYPRESS DRIVE		2.3 STREET ADDRESS	34 WILLOW CREEK COURT	
CITY-ST-ZIP	SAFETY HARBOR FL		2.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ACUFF, GENEVIEVE		3.2 NAME		
STREET ADDRESS	123 SILVER FOX DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NETTERFIELD, GEORGE		4.2 NAME		
STREET ADDRESS	57 SUGAR BEAR DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LANDON, GIL		5.2 NAME		
STREET ADDRESS	38 STAG RUN COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HERTEL, HAROLD		6.2 NAME		
STREET ADDRESS	74 SUGAR BEAR DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Brian V. Hertel 1-15-97 725-1534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067358