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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 11/03/1976

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33761 / Country 25	Zip 29: 33761 / Country 30

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 33761

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	MENARD, LOU		1.2 NAME	CARTWRIGHT, MAGGIE	
STREET ADDRESS	78 SUGAR BEAR DRIVE		1.3 STREET ADDRESS	39 DEER TRAIL COURT	
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ODELL, JO		2.2 NAME		
STREET ADDRESS	88 CYPRESS DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	ACUFF, GENEVIEVE		3.2 NAME	McEVOY, BOB	
STREET ADDRESS	123 SILVER FOX DR		3.3 STREET ADDRESS	140 THISTLE BRIAR DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL		3.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	NETTERFIELD, GEORGE		4.2 NAME	SAVAGE, JOHN	
STREET ADDRESS	57 SUGAR BEAR DRIVE		4.3 STREET ADDRESS	43 DEER TRAIL COURT	
CITY-ST-ZIP	SAFETY HARBOR FL		4.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LANDON, GIL		5.2 NAME	CHAPMAN, VINCENT	
STREET ADDRESS	38 STAG RUN COURT		5.3 STREET ADDRESS	760 POLK AVENUE	
CITY-ST-ZIP	SAFETY HARBOR FL		5.4 CITY-ST-ZIP	AKRON OH 44314	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HERTEL, HAROLD		6.2 NAME	RICHARD, STAN	
STREET ADDRESS	74 SUGAR BEAR DRIVE		6.3 STREET ADDRESS	34 WILLOW CREEK COURT	
CITY-ST-ZIP	SAFETY HARBOR FL		6.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	

CR2E037 (10/97)

14. 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 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: Joan S O'Dell JOAN S O'DELL 2-5-98 913 725 1534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #