

FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 737214					
1. Corporation Name BRIAR CREEK MOBILE HOME COMMUNITY 1, INC.					
Principal Place of Business 2753 S.R. 580.STE.207 CLEARWATER FL 33761 US			Mailing Address 2753 S.R. 580.STE.207 CLEARWATER FL 33761 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		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	
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9. Name and Address of Current Registered Agent MAUREEN REARDON, PRES. PROGRESSIVE MGMT INC 2753 SR 580, STE 207 CLEARWATER FL 33761				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	
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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	VD	☐ DELETE		1.1 TITLE	P/D	☒ Change	☐ Addition
NAME	CARTWRIGHT, MAGGIE			1.2 NAME			
STREET ADDRESS	39 DEER TRAIL CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695			1.4 CITY-ST-ZIP			
TITLE	PD	☒ DELETE		2.1 TITLE	T/D	☐ Change	☒ Addition
NAME	ODELL, JO			2.2 NAME	McEVoy, ROBERT		
STREET ADDRESS	88 CYPRESS DRIVE			2.3 STREET ADDRESS	140 THISTLE BRIAR DRIVE		
CITY-ST-ZIP	SAFETY HARBOR FL			2.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695		
TITLE	SD	☒ DELETE		3.1 TITLE	S/D	☐ Change	☒ Addition
NAME	ACUFF, GENEVIEVE			3.2 NAME	RANDALL, SHIRLEY		
STREET ADDRESS	123 SILVER FOX DR			3.3 STREET ADDRESS	34 HONEYSUCKLE COURT		
CITY-ST-ZIP	SAFETY HARBOR FL			3.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695		
TITLE	D	☐ DELETE		4.1 TITLE	V/D	☐ Change	☒ Addition
NAME	SAVAGE, JOHN			4.2 NAME	MILLER, ROBERT E.		
STREET ADDRESS	43 DEER TRAIL CT			4.3 STREET ADDRESS	32 TURTLE CREEK COURT		
CITY-ST-ZIP	SAFETY HARBOR FL 34695			4.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695		
TITLE	D	☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME	CHAPMAN, VINCENT			5.2 NAME			
STREET ADDRESS	760 POLK AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	AKRON OH 44314			5.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE		6.1 TITLE	D	☐ Change	☒ Addition
NAME	RICHARD, STAN			6.2 NAME	GREGORY, THERESA		
STREET ADDRESS	34 WILLOW CREEK CT			6.3 STREET ADDRESS	93 CYPRESS DRIVE		
CITY-ST-ZIP	SAFETY HARBOR FL 34695			6.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695		

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, with all other like empowered.

SIGNATURE:

Theresa Gregory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99

Date

721-725-2058

Daytime Phone #

CR2E037 (11/98)