

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737214

FILED
Feb 12, 2009
Secretary of State

Entity Name: BRIAR CREEK MOBILE HOME COMMUNITY I, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1718777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KINCELLA, MARCIA
Address: 80 SUGAR BEAR DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD () Delete
Name: BARR, JOANN
Address: 106 CEDAR ELM DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD () Delete
Name: DALEY, JOE
Address: 72 LIVE OAK CT.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD () Delete
Name: AREND, GENE
Address: 103 SUGAR BEAR DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: ROGERS, GERALD
Address: 86 SUGAR BEAR DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: GREGORY, TERRY
Address: 93 CYPRESS DR.
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE AREND

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date