

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737214

FILED
Apr 04, 2012
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: PRES
Name: KINCELLA, MARCIA
Address: 4151 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685 US

Title: VP
Name: BARR, BOB
Address: 4151 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685 US

Title: TRE
Name: PAYNE, SHIRLEY
Address: 4151 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685 US

Title: SEC
Name: HARSH, ELAINE
Address: 4151 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685 US

Title: D
Name: HERTEL, DOTTIE
Address: 4151 WOODLANDS PARKWA
City-St-Zip: PALM HARBOR, FL 34685 US

Title: D
Name: DALEY, JOE
Address: 4151 WOODLANDS PARKWAY
City-St-Zip: PALM HARBOR, FL 34685 US

I hereby 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 all other like empowered.

SIGNATURE: MARCIA KINCELLA

PRES

04/04/2012

Electronic Signature of Signing Officer or Director

Date