

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 737690 (8)**  
1. Corporation Name  
**THE BRIER PATCH PROPERTY OWNERS ASSOCIATION, INC**



Principal Place of Business  
**11894 BRIER PATCH COURT  
WEST PALM BCH FL 33414**

Mailing Address  
**11868 BRIER PATCH CT.  
WEST PALM BCH FL 33414  
US**

2. Principal Place of Business  
**21 11832 Brier Patch Court**  
Suite, Apt. #, etc.  
**22**  
City & State  
**23 West Palm Beach, Fl.**  
Zip  
**24 33414** Country  
**25 USA**

2a. Mailing Address  
**26**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28**  
Zip  
**29** Country  
**30**

3. Date Incorporated or Qualified  
**12/30/1976**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-1807004**

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

**VITRANO NICHOLAS C  
1604 BRIER PATCH TR  
WELLINGTON FL 33414**

## 10. Name and Address of New Registered Agent

**81 Name Earl S. Champlin**  
**82 Street Address (P.O. Box Number is Not Acceptable) 11832 Brier Patch Court**  
**83**  
**84 City West Palm Beach, FL** **85 Zip Code 33414**

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 *Earl S. Champlin* **Earl S. Champlin** **2/3/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	VITRANO, NICHOLAS C.	1604 BRIER PATCH TRAIL	WELLINGTON FL	<input checked="" type="checkbox"/>
VD	LETOURNEAU, GARY	11849 BRIER PATCH CT	WELLINGTON FL	<input checked="" type="checkbox"/>
SD	GRANT, JAMES	11834 BRIER PATCH CT	WELLINGTON FL	<input checked="" type="checkbox"/>
D	CHRISTENSEN, MARION	11864 BRIER PATCH CT	WELLINGTON FL	<input checked="" type="checkbox"/>
TD	PANTIN, SEAN	11862 BRIER PATCH CT	WELLINGTON FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PD	Sean Pantin	11862 Brier Patch Court	Wellington, FL. 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VD	James Grant	11834 Brier Patch Court	Wellington, FL. 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SD	Brian Farrell	1620 Brier Patch Trail	Wellington, FL. 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Gary Letourneau	11894 Brier Patch Court	Wellington, FL. 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Marion Christensen	11864 Brier Patch Court	Wellington, FL. 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James W. Grant* **James Grant**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/96** **407-795-0161**  
Date Daytime Phone #

CR2E037 (12/95)