## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 737690**

THE BRIER PATCH PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business								
11832 BRIER PATCH COURT WEST PALM BCH FL 33414 US								

2. Principal Place of Business

Mailing Address

2a. Mailing Address

11868 BRIER PATCH CT. WEST PALM BCH FL 33414 US

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90085 045 \*\*\*\*61.25

3. Date Incorporated or Qualifed

21		26			12/30/1976					
Suite, Apt.					4. FEI Number			App	lied For	
22	27				59-180700	)4			Applicable	
City & State City & State					5. Certifcate of	Status Desired		<b>\$8.75</b> Ad		
23 28					or obtained or			Fee Req		
Zip	Country Zip Cou				6. Election Campaign Financing S5.00 May Be					
24	25	29 30	D		Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent					
	9. Name and Address of Current	t Registered Agent	- 04	Maria	10. Name and A	ddress of New Ke	gisterea A	gent		
			81	Name						
CHAMPLIN	I, EARL S.		82	82 Street Address (P.O. Box Number is Not Acceptable)						
11832 BRI	ER PATCH COURT									
WEST PAL	M BEACH FL 33414		83				•			
			84	City				85 Zip Ci	ode	
							<u>FL</u>			
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State	2 and 617.1508, Florida Statutes,	, the above	e-named cor	rporation submits this tion's board of directo	statement for the p	urpose of c	hanging its regi	egisterea   istered	
office or r agent. I a	egistered agent, or both, in the State t m familiar with, and accept the obligat	tions of, Section 617.0503, Florid	a Statutes.			, 5, 1	-			
SIGNATURE										
	Signature, typed or printed name of registered agen		<u> </u>	t signature requi	ired when reinstating)	HANGES TO OFF	DATE	1 DIDECTOR	2 <u>5 IN 12</u>	
12.		D DIRECTORS	13.	1 5	ADDITIONS/C	MANGES TO OFF	CERS AND	X Change	Addition	
TITLE	D	☐ DELETE	1.1 TITLE		 Farrell, Bri	Lan		(Montaingo		
NAME	GRANT, JAMES		1.2 NAME		1620 Brier H	Patch Tr.		•	,	
STREET ADDRESS	11834 BRIER PATCH CT.		1.3 STREET	ADDRESS	Wellington,	FL. 33414	•	٠,٠		
CfTY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY - ST	r-ZIP			<del></del>	- Chanca	☐ Addition	
TITLÉ	VD	☐ DELETE	2.1 TITLE	1	VTD			Change	Mudition	
NAME	AUSTIN, CHRISTOPHER		2.2 NAME	(	Gavin, Maure	een	•			
STREET ADDRESS	1626 BRIER PATCH TRAIL		2.3 STREET	ADDRESS	1624 Brier I	Patch Tr.		• .	٠,	
CITY-ST-ZIP	WELLINGTON FL		2.4 CITY-S	T-ZIP	Wellington,	FL. 33414				
TITLE	SD	☐ DELETE	3.1 TITLE		SD	•		Change	☐ Addition	
NAME	CHAMPLIN, EARL	:	3.2 NAME		Letourneau,	Gary	± ,* :: = **	* **:	-	
STREET ADDRESS	11832 BRIER PATCH CT.		3.3 STREET		11894 Brier			,		
CITY-ST-ZIP	WELLINGTON FL 33414		3.4. CITY-S		Wellington.		<del> </del>			
TITLE	TD	☐ <b>X</b> DELETE	4.1 TITLE		,	,		Change	☐ Addition	
NAME	DOLGENOS, KALMAN		4. 2 NAME	İ						
STREET ADDRESS	11828 BRIER PATCH CT.		4.3 STREET	ADDRESS						
CITY-ST-ZIP	WELLINGTON FL 33414		4.4 CITY-S	T-ZIP						
TITLE	D	DELETE	5.1 TITLE		D			Change	Addition	
NAME	MARTONE, MICHAEL		5.2 NAME	1	Guilmartin,	Beth	•			
STREET ADDRESS	11890 BRIER PATCH CT.		5.3 STREET		11892 Brier	and the second s				
CITY-ST-ZIP	WELLINGTON FL		5.4 CITY-S		Wellington.					
TITLE	PD	☐ DELETE	6.1 TITLE		PD	· · · · · ·		Change	☐ Addition	
NAME	SANTUCCI, MICHAEL		6.2 NAME		Grace, Robe:	rt				
STREET ADDRESS	LICAN BOIGS BATOU OT		6.3 STREET	ADDDESSI	1600 Brier					
CITY OT ZID	WELLINGTON EL 33414		6.4 CITY-S		1600 Brier : Wellington					

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 truetee 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 award mental and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee 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 award mental and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

3 5, 55 561.790.2251