

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90006 028 ****61.25

DOCUMENT # 745013

1. Entity Name
YE OLDE BRIC CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**125 SOUTH INTERLACHEN
#4
WINTER PARK, FL 32789 US**

Mailing Address
**125 SOUTH INTERLACHEN
#4
WINTER PARK, FL 32789 US**

44001623



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0192241

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRISON, BRENDA V
125 SOUTH INTERLACHEN
#4
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JONES, HARVEY C ☐ Delete
STREET ADDRESS 427 BRD ST
CITY-ST-ZIP CHERAW, SC 29520

TITLE STD
NAME HARRISON, BRENDA V ☐ Delete
STREET ADDRESS 125 SOUTH INTERLACHEN #4
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VD
NAME JONGS, MARTHA D ☐ Delete
STREET ADDRESS 627 3RD ST
CITY-ST-ZIP CHERAW, SC 29520

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CONNECTION: ☐ Change ☐ Addition
NAME
STREET ADDRESS - 3RD ST
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CONNECTION: ☐ Change ☐ Addition
NAME JONES, MARTHA D.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04 (407) 628-5090

Date

Daytime Phone #