## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT:

## **DOCUMENT #745013**

1. Entity Name

YE OLDE BRIC CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

125 SOUTH INTERLACHEN

HΔ

WINTER PARK, FL 32789 US

Mailing Address

125 SOUTH INTERLACHEN

#4

DO NOT WRITE IN THIS SPACE

WINTER PARK, FL 32789 US

CR2E037 (4/06)

**FILED** 

Jul 03, 2006 08:00 AN

**Secretary of State** 

4. FEI Number 65-0192241

Applied Fo

5. Certificate of Status Desired

IN THIS SPACE

06302006 No Chg-NP

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

NDA V
RLACHEN

DO NOT WRITE

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 acc the obligations of registered agent.

SIGNATURE \_\_\_\_\_\_\_Signature, typed

10.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 September 6, 2006 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE NAME JONES, HARVEY C STREET ADDRESS 427 3RD ST CITY-ST-71P **CHERAW, SC 29520** TITLE STD NAME HARRISON, BRENDA V STREET ADDRESS 125 SOUTH INTERLACHEN #4 CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME JONES, MARTHA D STREET ADDRESS 627 3RD ST CITY-ST-ZIP **CHERAW, SC 29520** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

OFFICERS AND DIRECTORS

000000567870 07/03/06-80003-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

CICNATURE

6/30/01