

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90221 026 ****61.25

DOCUMENT # 745691

1. Entity Name

BRAE MOOR ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1537 GLEN HOLLOW LN SO
DUNEDIN FL 34698
US

Mailing Address

1537 GLEN HOLLOW LN SO
DUNEDIN FL 34698
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2895816

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, DONNA M
1537 GLEN HOLLOW LANE N
DUNEDIN FL 34698

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.

SIGNATURE Donna M. Parker
Signature, typed or printed name of registered agent and title if applicable.DONNA M. PARKER, Tres
(NOTE: Registered Agent signature required when reinstating)4-23-01
DATE**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLEK, BILLA 1992 BONNIE CT DUNEDIN FL 34698	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOCK, SHERRY J 1520 BRAE MOOR LANE DUNEDIN FL 34698	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, DONNA M 1537 GLEN HOLLOW LANE N DUNEDIN FL 34698	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, WILL 1998 BRAE MOOR DR DUNEDIN FL 34698	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLMAN, CASSIE 1986 BRAE MOOR DR DUNEDIN FL 34698	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEERS, MARIE-ANNE 1531 GLEN HOLLOW LN S DUNEDIN FL 34698	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition S GAIL LOKEN 1973 Bonnie Ct. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P Phil Lisk 1991 BRAE MOOR DR Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Donna M. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)