2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 745691

1. Entity Name
BRAE MOOR ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1995 BRAEMOOR DR. DUNEDIN, FL 34698 US	1995 BRAEMOOR DR. DUNEDIN, FL 34698 US

04142004 No Chg-NP CR2E037 (10/03)

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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

THOMPSON, HEIDI E
1995 BRAE MOOR DR.
DUNEDIN, FL 34698

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000116740
04/16/04-80077-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALDRICH, ANGIE
STREET ADDRESS	1957 BONNIE COURT
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	S
NAME	WELSH, JASON
STREET ADDRESS	1547 GLEN HOLLOW LN.
CITY-ST-ZIP	DUNEDIN, FL 34198
TITLE	T
NAME	THOMPSON, HEIDI E
STREET ADDRESS	1995 BRAE MOOR DR.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	PRICE, JOE
STREET ADDRESS	1978 BRAE MOOR DR
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	P
NAME	MASSOTTO, FRANK
STREET ADDRESS	1525 BRAE MOOR LN.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	HALEY, CARMELA
STREET ADDRESS	1528 GLEN HOLLOW LN.
CITY-ST-ZIP	DUNEDIN, FL 34698

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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: Heidi E Thompson 4/14/04 727-736-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #