

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 745691 1. Entity Name BRAE MOOR ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1995 BRAEMOOR DR. DUNEDIN, FL 34698 US	Mailing Address 1995 BRAEMOOR DR. DUNEDIN, FL 34698 US
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-NP CR2E037 (11/05)

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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IN THIS SPACE**

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 \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, WILL 1998 BRAE MOOR DRIVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELSH, JASON 1547 GLEN HOLLOW LN. DUNEDIN, FL 34198
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, HEIDI E 1995 BRAE MOOR DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, JOE 1978 BRAE MOOR DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITMER, BILL 1545 BARE MOOR LANE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLOCK, MARY LOUISE 1557 GLEN HOLLOW LANE DUNEDIN, FL 34698

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04/28/06-80004-025 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 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 **Heidi E. Thompson** 4/12/06 927-736-0109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #