2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745691

FILED Apr 01, 2009 Secretary of State

Entity Name: BRAE MOOR ESTATES HOMEOWNERS ASSOCIATION, INC.

| Current | rincipal Place of Business: | New Principal Place of Business: | |
|--|---|---|--------------|
| | N HOLLOW M , FL 34695 US | 1527 GLEN HOLLOW LN. N. DUNEDIN, FL 34695 US | |
| Current M | lailing Address: | New Mailing Address: | |
| | N HOLLOW M , FL 34695 US | 1527 GLEN HOLLOW LN. N. DUNEDIN, FL 34695 US | |
| FEI Number | : 59-2895816 FEI Number Applied For() F | El Number Not Applicable () Certificate of Status D | esired () |
| Name and | Address of Current Registered Agent: | Name and Address of New Registered Age | ent: |
| | JANE N HOLLOW M , FL 34698 US | NORTON, JANE 1527 GLEN HOLLOW LN. N. DUNEDIN, FL 34698 US | |
| | named entity submits this statement for the purpe of Florida. | ose of changing its registered office or registered ag | ent, or both |
| SIGNATUI | RE: | 04/01/2009 | |
| | Electronic Signature of Registered Agent | Date | |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO |
| Title: Name: Address: City-St-Zip: | S () Delete JOUBEN, JULIE 1572 GLEN HOLLOW LANE N DUNEDIN, FL 34698 | Title: () Change () Addition Name: Address: City-St-Zip: | |
| Title: Name: Address: City-St-Zip: | T () Delete NORTON, JANE 1527 GLEN HOLLOW M DUNEDIN, FL 34198 | Title: () Change () Addition Name: Address: City-St-Zip: | |
| | P () Delete THOMPSON, HEIDI E | Title: P (X) Change () Addition Name: LOEFFERT, DAVE&SUE | |
| Title: Name: Address: City-St-Zip: | 1995 BRAE MOOR DR. DUNEDIN, FL 34698 | Address: 1571 GLEN HOLLOW LN. N. City-St-Zip: DUNEDIN, FL 34698 | |
| Name: Address: | 1995 BRAE MOOR DR. | Address: 1571 GLEN HOLLOW LN. N. | |
| Name: Address: City-St-Zip: Title: Name: Address: | 1995 BRAE MOOR DR. DUNEDIN, FL 34698 D () Delete PRICE, JOE 1978 BRAE MOOR DR | Address: 1571 GLEN HOLLOW LN. N. City-St-Zip: DUNEDIN, FL 34698 Title: D (X) Change () Addition Name: PRICE, ELIZABETH Address: 1978 BRAE MOOR DR | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE NORTON TREA 04/01/2009