

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745691

**FILED**  
**Apr 17, 2010**  
**Secretary of State**

**Entity Name:** BRAE MOOR ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1527 GLEN HOLLOW LN. N.  
DUNEDIN, FL 34695 US

**New Principal Place of Business:**

1545 BRAE MOOR LANE  
DUNEDIN, FL 34695 US

**Current Mailing Address:**

1527 GLEN HOLLOW LN. N.  
DUNEDIN, FL 34695 US

**New Mailing Address:**

1545 BRAE MOOR LANE  
DUNEDIN, FL 34695 US

**FEI Number:** 59-2895816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NORTON, JANE  
1527 GLEN HOLLOW LN. N.  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

SLATER, KIM  
1545 BRAE MOOR LANE  
DUNEDIN, FL 34698 US

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: KIM SLATER

04/17/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THOMPSON, HEIDI  
Address: 1995 BRAE MOOR DRIVE  
City-St-Zip: DUNEDIN, FL 34698

Title: VP  
Name: MASSOTTO, FRANK  
Address: 1525 BRAE MOOR LANE  
City-St-Zip: DUNEDIN, FL 34198

Title: S  
Name: WYLDE, JUDY  
Address: 1512 GLEN HOLLOW LN. N.  
City-St-Zip: DUNEDIN, FL 34698

Title: T  
Name: SLATER, KIM  
Address: 1545 BRAE MOOR LANE  
City-St-Zip: DUNEDIN, FL 34698

I hereby 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 all other like empowered.

SIGNATURE: KIM SLATER

TREA

04/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date