

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90012 043 ****61.25

DOCUMENT # 747241

1. Entity Name

BRIAR CREEK SOCIAL CLUB COMMUNITY #1, INC.



Principal Place of Business

100 BRIAR CREEK BLVD.
SAFETY HARBOR FL 34695-2599

Mailing Address

100 BRIAR CREEK BLVD.
SAFETY HARBOR FL 34695-2599



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1920273

Applied For
Not Applicable

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

GUILLAUME, H.B.
41 SUGAR BEAR DR
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name **HOAD, GARY**

Street Address (P.O. Box Number is Not Acceptable)

45 NEW FAWN CT.

City **SAFETY HARBOR**

FL

Zip Code **34695**

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

GARY HOAD

Signature, typed or printed name of registered agent and applicable.

(NOTE: The registered Agent signature is required when reappointing)

DATE

FEB 04/08

FILE NOW FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOUDON, DORTHY	
STREET ADDRESS	80 REDWOOD DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHATIGNY, FRANK	
STREET ADDRESS	30 FOX TRAIL CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOAD, GARY	
STREET ADDRESS	45 NEW FAWN CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOAD, PAULINE	
STREET ADDRESS	45 NEW FAWN CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MADLUNG, LEW	
STREET ADDRESS	30 STAG RUN CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY CHATIGNY	
STREET ADDRESS	30 FOX TRAIL CT.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE CAMERON	
STREET ADDRESS	46 SUGAR BEAR DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY BOURDON	
STREET ADDRESS	80 REDWOOD DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

GARY HOAD

FEB 04/08 727-723-9710