## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 747241**

FILED Mar 09, 2009 Secretary of State

Entity Name: BRIAR CREEK SOCIAL CLUB COMMUNITY #1,INC.

**Current Principal Place of Business: New Principal Place of Business:** 100 BRIAR CREEK BLVD. SAFETY HARBOR, FL 346952599 **Current Mailing Address: New Mailing Address:** 100 BRIAR CREEK BLVD. SAFETY HARBOR, FL 346952599 FEI Number: 59-1920273 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOAD, GARY 45 NEW FAWN CT. SAFETY HARBOR, FL 34695 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CHATIGNY, BETTY FARRELL, RAYMOND Name: Name: 30 FOX TRAIL CT. Address: 52 SUGAR BEAR DR. Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 Title: () Delete Title: () Change () Addition CAMERON, LEE Name: Name: Address: 46 SUGAR BEAR DR. Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: Title: Title: () Change () Addition () Delete HOAD, GARY Name: Name: Address: 45 NEW FAWN CT Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: HOAD, PAULINE Name: AREND, PAT 45 NEW FAWN CT 103 SUGAR BEAR DR. Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 Title: () Delete Title: (X) Change ( ) Addition BOURDON, DOROTHY CHATIGNY, BETTY Name: Name: 80 REDWOOD DR. 30 FOX TRAIL CT. Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695

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: GARY HOAD Т 03/09/2009