

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748332

FILED
Mar 01, 2009
Secretary of State

Entity Name: BRAE BURN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

350 GLENEAGLES DR
NEW SMYRNA BCH., FL 32168 US

New Principal Place of Business:

Current Mailing Address:

350 GLENEAGLES DR
NEW SMYRNA BCH., FL 32168 US

New Mailing Address:

FEI Number: 59-2057227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASQUALE, R J
350 GLENEAGLES DR
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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:

Title: SD () Delete
Name: BROOKER, JANET
Address: 234 CANTERBURY CIR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: KATES, BETTY
Address: 330 TROON CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T () Delete
Name: PASQUALE, R J
Address: 350 GLENEAGLES DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPD () Delete
Name: SOUDERS, EVELYN
Address: 220 CANTERBURY CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: PULLEN, SUZANNE
Address: 318 GLENEAGLES DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD () Delete
Name: JOHNSON, CONNIE
Address: 176 TURNBERRY CIR.
City-St-Zip: NEW SMYRNA BCH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROOKER, JAMES
Address: 234 CANTERBURY CIR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Change () Addition
Name: LIGUORI, ROBERT
Address: 382 GLENEAGLES DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JOHNSON, CONNIE
Address: 176 TURNBERRY CIR.
City-St-Zip: NEW SMYRNA BCH, FL 32168

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: R.J. PASQUALE

T

03/01/2009

Electronic Signature of Signing Officer or Director

Date