

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748332

FILED
Feb 21, 2011
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: D
Name: BROOKER, JAMES
Address: 234 CANTERBURY CIR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPD
Name: LIGUORI, ROBERT
Address: 382 GLENEAGLES DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

Title: SD
Name: SAWICKE, VALERIE
Address: 102 OAKMONT LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D
Name: SHEEHAN, KEVIN
Address: 116 OAKMONT LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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: R J PASQUALE

T

02/21/2011

Electronic Signature of Signing Officer or Director

Date