

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 750590

(2)

95 JUN 15 AM 11:45

1. Corporation Name

BRAE MOOR SOUTH HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1860 BRAE MOOR DR.
DUNEDIN FL 34698

1860 BRAE MOOR DR.
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1980

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2186036

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLOWAY, KEN S.
1860 BRAE MOOR DR.
DUNEDIN FL 34698

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ken S. Holloway

(NOTE: Registered Agent signature required when reappointing)

DATE

6-12-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	ILONA SIEGEL
STREET ADDRESS	1568 ROXBURG
CITY - ST - ZIP	DUNEDIN FL
TITLE	D
NAME	IRVIN, JIM
STREET ADDRESS	1577 MACCHARLES
CITY - ST - ZIP	DUNEDIN FL
TITLE	S
NAME	DONALYN SAXON
STREET ADDRESS	1535 FIFE COURT
CITY - ST - ZIP	DUNEDIN FL
TITLE	T
NAME	HOLLOWAY, KEN
STREET ADDRESS	1860 BRAE MOOR DR.
CITY - ST - ZIP	DUNEDIN FL
TITLE	D
NAME	UGGIO, BEN
STREET ADDRESS	1485 BURNHAM
CITY - ST - ZIP	DUNEDIN FL
TITLE	D
NAME	SCHOTTER, JACQUELINE
STREET ADDRESS	1470 BURNHAM LANE
CITY - ST - ZIP	DUNEDIN FL

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ken S. Holloway*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREASURER

6-12-95

813/876-4808