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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **750590** **(2)**

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 34698-3207

3. Date Incorporated or Qualified: 01/14/1980
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2186036 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Holloway, TREASURER 4-21-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ILONA SIEGEL		1.2 NAME	JAMIE EVERETT	
STREET ADDRESS	1568 ROXBURG		1.3 STREET ADDRESS	1550 ROXBURG	
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	IRVIN, JIM		2.2 NAME		
STREET ADDRESS	1577 MACCHARLES		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DORALYN SAXON		3.2 NAME	DOROTHY KEEMER	
STREET ADDRESS	1535 FIFE COURT		3.3 STREET ADDRESS	1550 FIFE COURT	
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLLOWAY, KEN		4.2 NAME		
STREET ADDRESS	1860 BRAE MOOR DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	LIGGIO, BEN		5.2 NAME	ANNE ZUBLER	
STREET ADDRESS	1465 BURNHAM		5.3 STREET ADDRESS	1567 MACCHARLES	
CITY-ST-ZIP	DUNEDIN FL		5.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHOTTER, JACQUELINE		6.2 NAME		
STREET ADDRESS	1470 BURNHAM LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Holloway TREASURER 4-21-97 (813) 554-2904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069391