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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 01/14/1980

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

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 / Country 24 / 25	Zip / Country 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. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 Treasurer 4-15-98
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		☐ Change ☐ Addition
NAME	EVERETT, JAMIE		1.2 NAME	open	
STREET ADDRESS	1550 ROXBURG		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP		
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	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KREMER, DOROTHY		3.2 NAME		
STREET ADDRESS	1530 FIFE COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP		
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	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ZUBLER, ANNE		5.2 NAME		
STREET ADDRESS	1567 MACCHARLES		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		5.4 CITY-ST-ZIP		
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 (10/97)

14. I 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 S. Holloway, Treasurer 4-15-98 813-554-2904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #