FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 750590

BRAE MOOR SOUTH HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Busin
1860 BRAE MOOR DR.
DUNEDIN FL 34698

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

1860 BRAE MOOR DR. DUNEDIN FL 34698

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED May 10, 1999 8:00 am § Secretary of State

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. 0, 07410 (811) 0011 0101 0 0 1	

3. Date Incorporated or Qualifed

01/14/1980

59-2186036

FEI Number

City & State	9	City & State				5. Certifo	ate of Status Desired			Additional
23		28				J. 00.1			Fee R	Required
Žip	Country	Zip	c	untry		6. Election	n Campaign Financing	П		May Be
24	25	29	30				Fund Contribution			to Fees
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name	and Address of New	Registe	red Agent	
				81	Name					į
HOLLOWA	Y, KEN S.			82	Street Add	dress (P.O. Bo)	Number is Not Accep	table)		
	E MOOR DR.					·	<u></u>			
DUNEDIN				83						ļ
DOMEDIN	1 2 1000			84	City				85 Zip	Code
	* * * * * *				•				FL `	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida	Statutes, the	above	-named cor	rporation submi	ts this statement for th	e purpos	se of changing it	s registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change ops of, Section 617.05	e was authorize 103, Florida Sta	ed by t stutes.	ine corporai	tion s board of	directors, Friereby acci	ahr me a	ippolitiment as i	by istered
	They Hall	mon	TREA	51	RER			6	5/1/9	٦
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.				ired when reinstating		DAT		
12.	OFFICERS AND		13			ADDITI	ONS/CHANGES TO O	FFICER		
TITLE	D	☐ DEL	.ETE 1.1	TITLE					Change	· Addition
NAME	IRVIN, JIM		1.2	NAME						l
STREET ADDRESS	1577 MACCHARLES		1.3	STREET	ADDRESS					
CITY-ST-ZIP	DUNEDIN FL			CITY-SI	r-ZIP					
TITLE	D	☐ DEL	ETE 2.1	TITLE					Change	Addition
NAME	KREMER, DOROTHY		22	NAME						
STREET ADDRESS	1530 FIFE COURT		2.3	STREET	ADDRESS					Į.
CITY-ST-ZIP	DUNEDIN FL			CITY-S	T-ZIP				57.01	
TITLE	T	☐ DEI	LETE 3.1	TITLE					Change	Addition
NAME .	HOLLOWAY, KEN		3.2	NAME						
STREET ADDRESS	1860 Brae Moor Dr.		3.3	STREET	ADDRESS					
CITY-ST-ZIP	DUNEDIN FL			CITY-S	T- ZIP					
TITLE	S	☐ DEI	.ETË 4.1	TITLE					Change	Addition
NAME	ZUBLER, ANNE		4, 2	NAME						
STREET ADDRESS	1567 MACCHARLES		4.3	STREET	ADDRESS					
CITY-ST-ZIP	<u>Dunedin</u> <u>FL</u>			CITY-\$1	r-zip				=	
TITLE	D	□ DEI		TITLE					Change	Addition
NAME	SCHOTTER, JACQUELINE			NAME						
STREET ADDRESS	1470 BURNHAM LANE		5.3	STREET	ADDRESS					
CITY-ST-ZIP	<u>DUNEDIN FL</u>			CITY-ST	T-ZIP					
TITLE		☐ DEI		TITLE					Change	Addition
NAME :	'			NAME						
STREET ADDRESS	* *				ADDRESS					ļ
OCT OT TIP	l ,		6.4	CITY-S1	-ZiP					

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, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable