## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 16, 2001 8:00 am § Secretary of State **DOCUMENT # 750590** 1. Entity Name 05-16-2001 90361 030 \*\*\*\*61.25 BRAE MOOR SOUTH HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 1860 BRAE MOOR DR. 1860 BRAE MOOR DR. PAADOTET DUNEDIN FL 34698 **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2186036 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOLLOWAY, KEN S. 1860 BRAE MOOR DR. **DUNEDIN FL 34698** City Zip Code 8. 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 (NTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D TITLE ☐ Change ☐ Addition CR2E037 (10/00) TITLE ☐ Delete IRVIN, JIM NAME NAME STREET ADDRESS 1577 MACCHARLES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL** ☐ Delete TITLE TITLE ☐ Change ☐ Addition KREMER, DOROTHY NAME NAME STREET ADDRESS 1530 FIFE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOLLOWAY, KEN NAME STREET ADDRESS 1860 BRAE MOOR DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL** TITLE Delete ☐ Change ☐ Addition NAME ZUBLER, ANNE NAME 1567 MACCHARLES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL TITLE ☐ Detete TITLE ☐ Change ☐ Addition SCHOTTER, JACQUELINE NAME NAME STREET ADDRESS 1470 BURNHAM LANE STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with a radgess, with a rother the empowered.

SIGNATURE:

SIGNAT