

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90037 021 ****61.25

005398

DOCUMENT # 750590

1. Entity 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

2. Principal Place of Business

3. Mailing Address

1567 Roxburg LN

1567 Roxburg LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Dunedin FL

Zip
34698

Country
Pinellas

Zip
34698

Country
Pinellas

4. FEI Number

59-2186036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Kay Hartnett

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

1567 Roxburg LN

City

Dunedin

FL

Zip Code

34698

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

Kay Hartnett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVIN, JIM 1577 MACCHARLES DUNEDIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREMER, DOROTHY- 1530 FIFE COURT DUNEDIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLOWAY, KEN 1860 BRAE MOOR DR. DUNEDIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZUBLER, ANNE 1567 MACCHARLES DUNEDIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOTTER, JACQUELINE 1470 BURNHAM LANE DUNEDIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kay Hartnett (President) 1567 Roxburg LN Dunedin FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James Smith 1560 Burnham LN Dunedin FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michelle Austin 1550 Roxburg LN Dunedin FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Beverly Vanarsdale 1944 Argyle Dr Dunedin FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Honey Kurber 1558 Roxburg LN Dunedin FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dinise M. Silmeri 1947 Argyle Dr Dunedin FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 supplementary 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 an address, with all other like empowered.

SIGNATURE:

Kay Hartnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02 727
733 8646

Date

Daytime Phone #

CR2E037 (9/01)