SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10: 13

DOCUMENT # 752346 (7)

1. Corporation Name

BRIAR CREEK MOBILE HOME COMMUNITY II, INC.

Principal Place of Business	Mailing Address
2753 SR 580 #207 CLEARWATER FL 34621	2753 SR 580 #207 CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1980
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2060652 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REARDON,MAUREEN 2753 SR 580 #207 CLEARWATER FL 34621	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	LOOMAN, TONY	12 NAME	ULREY, DON	
STREET ADDRESS	93 COTTAGEWOOD DRIVE, A-069	13 STREET ADDRESS	178 CLUBVIEW DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL	14 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	SD	21 TITLE	D	☒ Change ☐ Addition
NAME	NOLET, RITA	22 NAME	NOLET, RITA	
STREET ADDRESS	99 BRIARWOOD PLACE	23 STREET ADDRESS	99 BRIARWOOD PLACE	
CITY-ST-ZIP	SAFETY HARBOR FL	24 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TD	31 TITLE	S/D	☐ Change ☒ Addition
NAME	MURRAY, JIM	32 NAME	HAVIAR, PHYLISS	
STREET ADDRESS	165 CLUBVIEW DR #A-121	33 STREET ADDRESS	137 VINEWOOD DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL	34 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	41 TITLE	P/D	☒ Change ☐ Addition
NAME	MADLUNG, JOHN	42 NAME	YOUNGMAN, FRED	
STREET ADDRESS	75 HICKORY BRANCH LN	43 STREET ADDRESS	75 HICKORY BRANCH LANE	
CITY-ST-ZIP	SAFETY HARBOR FL	44 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	LOISELLE, DICK	52 NAME	RIETHEIMER, BILL	
STREET ADDRESS	83 HICKORY BRANCH LANE	53 STREET ADDRESS	93 LAURELWOOD DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL	54 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VD	61 TITLE	V/D	☒ Change ☐ Addition
NAME	INGRAM, DOUGLAS	62 NAME	BAKER, EILEEN	
STREET ADDRESS	54 BIRCH CREEK DRIVE	63 STREET ADDRESS	129 BRIAR CREEK BLVD.	
CITY-ST-ZIP	SAFETY HARBOR FL	64 CITY-ST-ZIP	SAFETY HARBOR FL 34695	

CR2E037 (395)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James F. Murray 6/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES F. MURRAY

0016393