

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
05/05/1980

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	ULREY, DON	
STREET ADDRESS	178 CLUBVIEW DRIVE	
CITY-STATE-ZIP	SAFETY HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOLET, RITA	
STREET ADDRESS	99 BRIARWOOD PLACE	
CITY-STATE-ZIP	SAFETY HARBOR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAVAR, PHYLISS	
STREET ADDRESS	137 VINEWOOD DRIVE	
CITY-STATE-ZIP	SAFETY HARBOR FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNGMAN, FRED	
STREET ADDRESS	75 HICKORY BRANCH LN	
CITY-STATE-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIETHEIMER, BILL	
STREET ADDRESS	93 LAURELWOOD DRIVE	
CITY-STATE-ZIP	SAFETY HARBOR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAKER, EILEEN	
STREET ADDRESS	129 BRIAR CREEK BLVD.	
CITY-STATE-ZIP	SAFETY HARBOR FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOCK, JOSEPH	
1.3 STREET ADDRESS	84 HICKORY BRANCH LANE	
1.4 CITY-STATE-ZIP	SAFETY HARBOR FL 34695	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SMART, JAMES	
2.3 STREET ADDRESS	37 HONEYSUCKLE CT	
2.4 CITY-STATE-ZIP	SAFETY HARBOR FL 34695	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PREVOST, RONALD	
3.3 STREET ADDRESS	167 CLUBVIEW DRIVE	
3.4 CITY-STATE-ZIP	SAFETY HARBOR FL 34695	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MURRAY, JIM	
4.3 STREET ADDRESS	165 CLUBVIEW DR #A-121	
4.4 CITY-STATE-ZIP	SAFETY HARBOR FL 34695	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

726-2202

CR2E037 (12/95)