

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

2753 SR 580 #207  
CLEARWATER FL 34621

Mailing Address

2753 SR 580 #207  
CLEARWATER FL 34621-33453. Date Incorporated or Qualified  
05/05/19803a. Date of Last Report  
02/05/1996

4. FEI Number

59-2060652

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

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 on back of petition and title of applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOCK, JOSEPH	
STREET ADDRESS	84 HICKORY BRANCH LANE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMART, JAMES	
STREET ADDRESS	37 HONEYSUCKLE CT	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAVIAR, PHYLISS	
STREET ADDRESS	137 VINEWOOD DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PREVOST, RONALD	
STREET ADDRESS	167 CLUBVIEW DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIETHEIMER, BILL	
STREET ADDRESS	93 LAURELWOOD DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, EILEEN	
STREET ADDRESS	129 BRIAR CREEK BLVD.	
CITY-ST-ZIP	SAFETY HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CASKEY, DENNIE	
13 STREET ADDRESS	131 BRIAR CREEK BLVD.	
14 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
21 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ELLIS, THOMAS	
23 STREET ADDRESS	81 HICKORY BRANCH LANE	
24 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
31 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	LEVINE, ARTHUR	
33 STREET ADDRESS	163 COTTONTAIL COURT	
34 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MURRAY, JIM	
53 STREET ADDRESS	165 CLUBVIEW DRIVE #A-121	
54 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
61 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	YOUNGMAN, FRED	
63 STREET ADDRESS	75 HICKORY BRANCH LANE	
64 CITY-ST-ZIP	SAFETY HARBOR FL 34695	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0087419

CR2E037 (9/96)