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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

05/05/1980

4. FEI Number

59-2060652

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **33761**

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29 **33761**

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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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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
33761

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** ☒ DELETE

NAME **HOCK, JOSEPH**
STREET ADDRESS **84 HICKORY BRANCH LANE**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **D** ☒ DELETE

NAME **CASKEY, DENNIE**
STREET ADDRESS **131 BRIAR CREEK BLVD.**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **VD** ☐ DELETE

NAME **ELLIS, THOMAS**
STREET ADDRESS **81 HICKORY BRANCH LANE**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **D** ☐ DELETE

NAME **PREVOST, RONALD**
STREET ADDRESS **167 CLUBVIEW DRIVE**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **TD** ☒ DELETE

NAME **MURRAY, JIM**
STREET ADDRESS **165 CLUBVIEW DRIVE #A-121**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **PD** ☐ DELETE

NAME **YOUNGMAN, FRED**
STREET ADDRESS **75 HICKORY BRANCH LANE**
CITY-ST-ZIP **SAFETY HARBOR FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V/D

LEVINE, ARTHUR

163 COTTONTAIL COURT

SAFETY HARBOR FL 34695

S/D

SHIELDS, GLORIA

171 CLUBVIEW DRIVE

SAFETY HARBOR FL 34695

T/D

D

LUTTRELL, JOHN

40 FIELD AVENUE

AUBURN ME 04210

D

GROENING, ROBERT

100 NATURES TRAIL

SAFETY HARBOR FL 34695

14. 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 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]

2-6-98

725-5246

CP2E037 (10/97)