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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752346

1. Corporation Name

BRIAR CREEK MOBILE HOME COMMUNITY II, INC.

Principal Place of Business

2753 SR 580 #207
CLEARWATER FL 33761
US

Mailing Address

2753 SR 580 #207
CLEARWATER FL 33761
US



* 1 126947 90065 29

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/05/1980

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

9. Name and Address of Current Registered Agent

REARDON, MAUREEN
2753 SR 580 #207
CLEARWATER FL 33761

10. Name and Address of New Registered Agent

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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, ARTHUR	
STREET ADDRESS	163 COTTONTAIL COURT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHIELDS, GLORIA	
STREET ADDRESS	171 CLUBVIEW DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, THOMAS	
STREET ADDRESS	81 HICKORY BRANCH LANE	
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	GROENING, ROBERT	
STREET ADDRESS	100 NATURES TRAIL	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNGMAN, FRED	
STREET ADDRESS	75 HICKORY BRANCH LANE	
CITY-ST-ZIP	SAFETY HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KETCHAM, JOYCE	
1.3 STREET ADDRESS	146 BRIAR CREEK BLVD.	
1.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOCH, MAE RUTH	
3.3 STREET ADDRESS	84 HICKORY BRANCH LANE	
3.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LaBOUNTY, JOSEPH	
4.3 STREET ADDRESS	129 CLUBVIEW DRIVE	
4.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KROCKENBERGER, WILLIAM	
5.3 STREET ADDRESS	76 COTTAGEWOOD DRIVE	
5.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NAMADAN, MICHAEL	
6.3 STREET ADDRESS	143 VINEWOOD DRIVE	
6.4 CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE:

Gloria Shields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 (727)-796-5337
Date Daytime Phone #

CR2E037 (11/98)