

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752346

FILED
Mar 06, 2006
Secretary of State

Entity Name: BRIAR CREEK MOBILE HOME COMMUNITY II, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-2060652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: OCONNER, AUDREY
Address: 137 PINEWOOD TERR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD () Delete
Name: MACKERT, GIL
Address: 158 PINEWOOD TERR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD () Delete
Name: SHIELDS, GLORIA
Address: 171 CLUBVIEW DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: CARNEY, ED
Address: 139 FOREST LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: RONAN, JOHN
Address: 161 COTTONTAIL CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: LEWIS, BILLIE ANN
Address: 146 PINEWOOD TERR
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: COONEY, ROBERT
Address: 31 HONEYSUCKLE CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GAINES, WILLIAM
Address: 149 PINEWOOD TERR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Change () Addition
Name: RUPPRECHT, DONNA
Address: 135 CLUBVIEW DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIL MACKERT

PD

03/06/2006

Electronic Signature of Signing Officer or Director

Date