FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 APR 27 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760919 (1)

1. Corporation Name
BRIAR CREEK SOCIAL CLUB COMMUNITY NO. 2, INC.

Principal Place of Business	Mailing Address
175 CLUBVIEW DR SAFETY HARBOR FL 34695 US	175 CLUBVIEW DR SAFETY HARBOR FL 34695 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1981
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2121723 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FASSETT, SANDY
106 NATURES TRAIL
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name: McElroy Don
82 Street Address (P.O. Box Number is Not Acceptable): 159 Club View Dr
83: Safety Harbor Fl.
84 City: FL 85 Zip Code: 34695

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	FASSETT, SANDY	12 NAME	McElroy Don	
STREET ADDRESS	106 NATURES TRAIL	13 STREET ADDRESS	159 Clubview Dr.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	14 CITY-ST-ZIP	Safety Harbor, Fl. 34695	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FRUEHTMEYER, CARL	22 NAME		
STREET ADDRESS	141 FOREST LANE	23 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VD	☑ Change ☐ Addition
NAME	THOMSON, WILLIAM	32 NAME	Thomson Charles	
STREET ADDRESS	162 BEECHWOOD DR .	33 STREET ADDRESS	162 Pinewood Terr.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	34 CITY-ST-ZIP	Safety Harbor Fl. 34695	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	HOCH, MAE RUTH	42 NAME		
STREET ADDRESS	84 HICKORY BRANCH LANE	43 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	SMITLEY, CAROL	52 NAME		
STREET ADDRESS	144 BRIAR CREEK BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	CASKEY, JEANNINE	62 NAME		
STREET ADDRESS	131 BRIAR CREEK BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695	64 CITY-ST-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: Jeannine Caskey 4/20/95 813-726-5258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jeannine Caskey

0086530