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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 760919

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/04/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2121723 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STORZ, LEONARD A
176 CLUBVIEW DR.
SAFETY HARBOR FL 34695

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 _____ 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	☐ DELETE	1.1 TITLE	DD	☒ Change ☐ Addition
NAME	JONES, EDITH		1.2 NAME	EDITH JONES	
STREET ADDRESS	197 CLUBVIEW DR.		1.3 STREET ADDRESS	197 CLUBVIEW DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GROENING, ROBERT		2.2 NAME		
STREET ADDRESS	100 NATURES TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCGLASSON, DOROTHY		3.2 NAME		
STREET ADDRESS	84 RED FOX RUN		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOCH, MAE RUTH		4.2 NAME		
STREET ADDRESS	84 HICKORY BRANCH LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITLEY, CAROL		5.2 NAME		
STREET ADDRESS	144 BRIAR CREEK BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BECK, MARY ALICE		6.2 NAME		
STREET ADDRESS	91 LAURELWOOD DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 1/17/99 727 725 9176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #