## 2006 NOT-FÖR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2006 8:00 am **Secretary of State** DOCUMENT # 760919 1. Entity Name 02-09-2006 90046 021 \*\*\*\*61.25 BRIAR CREEK SOCIAL CLUB COMMUNITY NO. 2, INC. Principal Place of Business Mailing Address 175 CLUBVIEW DR 153 CLUBVIEW DDR SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2121723 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Worsho **BOWLLEY, MARSHA** Street Address (P.O. Box Number is Not Acceptable) 153 CLUB VIEW DR. Clubblew Drive SAFETY HARBOR FL 34695 Zip Code **ろりし**りら afetu Harbor 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Dolete TITLE TITLE Change Addition A ARIENE SMITLEY, CAROL Lambert NAME NAME 90 Notures Trail 144 BRIAR CREEK BLVD STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL 34695 CITY-ST-ZIE CITY-ST-ZIP Safety Harbor, Fl 3469S ☐ Detete Change TITLE TITLE ☐ Addition Bergling, Berbara BERGLING, BARBARA NAME NAME 93 Brianwood Place 93 BRIARWOOD PLACE STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL 34695 Safely Harbon, F CITY-ST-ZIP CiTY-ST-76 \_\_\_\_ Delete TITLE Change Addition NYHUS, MARILYN NAME NAME STREET ADDRESS 30 SUNRISE CT. STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL 34695 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chappe ■ Addition NAME BEYER, DARLENE NAME STREET ADDRESS 183 CLUBVIEW DR. STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL 34695 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOWLBY, MARSHA NAME NAME 153 CLUBVIEW DR STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL 34695 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

727-724-9406 **SIGNATURE** 

NAME

STREET ADDRESS

CITY-ST-ZIP