

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90234 014 ****61.25

DOCUMENT # 760919

1. Entity Name

BRIAR CREEK SOCIAL CLUB COMMUNITY NO. 2, INC.



Principal Place of Business

Mailing Address

175 CLUBVIEW DR
SAFETY HARBOR FL 34695
US

153 CLUBVIEW DDR
SAFETY HARBOR FL 34695
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2121723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWLBY, MARSHA
153 CLUB VIEW DR.
SAFETY HARBOR FL 34695

Name **O'CONNOR, AUDREY**

Street Address (P.O. Box Number is Not Acceptable)

137 PINWOOD TERRACE

City **SAFETY HARBOR**

FL

Zip Code **34695**

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 *Audrey O'Connor, TREASURER*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

4-01-07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	VP LAMBERT, AALENE 90 NATURES TR SAFETY HARBOR FL 34695	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P BERGLING, BARBARA 93 BRIARWOOD PLACE SAFETY HARBOR FL 34695	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	DRS NYHUS, MARILYN 30 SUNRISE CT. SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	DCS BEYER, DARLENE 183 CLUBVIEW DR. SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T BOWLBY, MARSHA 153 CLUBVIEW DR SAFETY HARBOR FL 34695	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT - P ARLENE LAMBERT 90 NATURES TRAIL SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP NANCY BURCH 137 CLUBVIEW DRIVE SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TREASURER - T AUDREY O'CONNOR 137 PINWOOD TERR SAFETY HARBOR, FL, 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Arlene Lambert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07

Date

Daytime Phone #