

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 760919

FILED  
Mar 16, 2012  
Secretary of State

**Entity Name:** BRIAR CREEK SOCIAL CLUB COMMUNITY NO. 2, INC.

**Current Principal Place of Business:**

175 CLUBVIEW DR  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**Current Mailing Address:**

153 CLUBVIEW DDR  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**FEI Number:** 59-2121723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OCONNOR, AUDREY  
137 PINEWOOD TERR  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

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

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: MAUREEN REARDON

03/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SMITLEY, CAROL  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: P-EL  
Name: FREDERICH, DOTTIE  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: VP  
Name: BURCH, NANCY  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: SEC  
Name: GREENE, BRENDA  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: SEC  
Name: LAMBERT, ARLENE  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: TRE  
Name: LORANGER, PETE  
Address: 4151 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685 US

I hereby 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 all other like empowered.

SIGNATURE: CAROL SMITLEY

PRES

03/16/2012

Electronic Signature of Signing Officer or Director

Date