

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90185 031 ****61.25

DOCUMENT # N01000002055

1. Entity Name
BRIAN'S POND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3311 BRIAN'S POND DR
PLANT CITY, FL 33566 US**

Mailing Address
**3311 BRIAN'S POND DR
PLANT CITY, FL 33566 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

04122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3710223

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

**RAINARD, DEBORAH
3311 BRIAN'S POND DR
PLANT CITY, FL 33566**

Name

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

City

FL

Zip Code

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

Deborah Rainard

Deborah Rainard

4-16-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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	P	<input checked="" type="checkbox"/> Delete
NAME	MUSGROVE, DANNY	
STREET ADDRESS	3324 BRIAN'S POND DR	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOSCINSKI, WILLIAM	
STREET ADDRESS	3305 BRIAN'S POND DR	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RAINARD, DEBORAH	
STREET ADDRESS	3311 BRIAN'S POND DR	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Morbach	
STREET ADDRESS	3309 Brian's Pond Dr.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Salvador	
STREET ADDRESS	3310 Brian's Pond Dr.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Deborah Rainard Deborah Rainard

4-16-07

813-707-0331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #