


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90094 009 ****61.25

DOCUMENT # N04000006664 1. Entity Name BRICK HOUSES CONDOMINIUM ASSN., INC.			
Principal Place of Business 618 NW 60 ST STE A GAINESVILLE, FL 32607		Mailing Address 618 NW 60 ST STE A GAINESVILLE, FL 32607	
2. Principal Place of Business 5522 NW 43rd Street City & State Gainesville, FL Zip 32653 County Alachua		3. Mailing Address 5522 NW 43rd Street City & State Gainesville, FL Zip 32653 County Alachua	
4. FEI Number 20-1355380		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUGH, MERRILL 618 NW 60 ST STE A GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Richard A. Tenaglia c/o Bosshardt Property Mgt. 5522-B NW 43rd Street Gainesville, FL 32653 Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or doing in the State of Florida, I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 2/10/2005 <small>(NOTE: Registered Agent signature required when renewing)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS PUGH, MERRILL 618 NW 60 ST STE A GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tom Garberding 7912 N. Highland Ave Tampa, FL 33604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUGH, MERRILL 618 NW 60 ST STE A GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Nancy Frank 1844 124th Ave Coral Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, SUZANNE 618 NW 60 ST STE A GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CARL L 4421 NW 39 AVE STE 1-2 GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-25-05 Daytime Phone # 813-991-7555	

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