

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000613 (8)**

1. Corporation Name  
**BRADY MANOR HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: 12361 BRADY MANOR WAY JACKSONVILLE FL 32223  
Mailing Address: 12361 BRADY MANOR WAY JACKSONVILLE FL 32223

3. Date Incorporated or Qualified: **02/06/1995**  
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21	26	59-3363586	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

TAYLOR, HAL  
12361 BRADY MANOR WAY  
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	<b>300001869063</b>
84. City	<b>06/20/96-01025-01885 FL Zip Code</b>

\*11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAR, JEFF	1.2 NAME	Hal Taylor
STREET ADDRESS	12313 BRADY MANOR WAY	1.3 STREET ADDRESS	12361 Brady Manor Way
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	Jacksonville FL 32223
TITLE	S	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ERIC	2.2 NAME	Diane Farmer
STREET ADDRESS	12337 BRADY MANOR WAY	2.3 STREET ADDRESS	12325 Brady Manor Way
CITY-ST-ZIP	JACKSONVILLE FL 32223	2.4 CITY-ST-ZIP	Jacksonville FL 32223
TITLE	D	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, MARK	3.2 NAME	Mike chaat
STREET ADDRESS	12314 BRADY MANOR WAY	3.3 STREET ADDRESS	12362 Brady Manor Way
CITY-ST-ZIP	JACKSONVILLE FL 32223	3.4 CITY-ST-ZIP	Jacksonville FL 32223
TITLE	D	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANKERSLEY, TOM	4.2 NAME	Keith Farmer
STREET ADDRESS	12338 BRADY MANOR WAY	4.3 STREET ADDRESS	12325 Brady Manor Way
CITY-ST-ZIP	JACKSONVILLE FL 32223	4.4 CITY-ST-ZIP	Jacksonville FL 32223
TITLE	T	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOENIG, FRITZ	5.2 NAME	Janet Koenig
STREET ADDRESS	12349 BRADY MANOR WAY	5.3 STREET ADDRESS	12349 Brady Manor Way
CITY-ST-ZIP	JACKSONVILLE FL 32223	5.4 CITY-ST-ZIP	Jacksonville FL 32223
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

05-01-96 OR

SIGNATURE:

*Diane Farmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 904-391-5310

Date

Daytime Phone #

CR2E037 (12/95)