FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500000613 (8) BRADY MANOR HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business Mailing Address						
12361 BRADY MANOR WAY JACKSONVILLE FL 32223 12361 BRADY MANOR WAY JACKSONVILLE FL 32223						
					3. Date Incorporated or Qualified 3a. Date of Last Repo	
					02/06/1995	
2. Principal Pl	Principal Place of Business 2a. Mailing Address 26				4. FEI Number Applie 59 - 33634786 Not A	
Suite, Apt. #, etc. Suite, Apt. #, etc.					¢0.75	pplicable
22 27					5. Certificate of Status Desired Fee Requi	
City & State	0	City & State			.6. Election Campaign Financing \$5.00 Ma	ıv Be
23 Zip	Country	Z _I p	Countr		Trust Fund Contribution	ees
24	25	29	30	y	B. This corporation has liability for intangible tax under s. 199,0 Florida Statutes ☐ Yes ☐ No	032,
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
				Name	9	
TAYLOR, HAL			82	Street	t Address (P.O. Box Number is Not Acceptable)	
12361 BRADY MANOR WAY			83		-	
JACKSC	ONVILLE FL 32223		63		300001869063 -06/20/960102511885 Zp Cod	
			84	City	***61.25 FL Zip Cod	е
11. Pursuant	to the provisions of Sections 617.0502 a	and 617,1508, Florida Statu	ites, the above	L named co	corporation authority this statement for the	red office
or register	red agent, or both, in the State of Florida th, and accept the obligations of, Sectio	a. Such change was aumon	ized by the corp	xoration's	corporation submits this statement for the purpose of changing its registe is board of directors. Thereby accept the appointment as registered agen	t. Lam
SIGNATURE .			_			
12.	Signature, typed or printed name of registered agent at OFFICERS AND	· — — · · · · · · · · · · · · · · · · ·		rit signature r	o required without reinstating). DATE	
TITLE	PD	DINECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
NAME	BRIAR, JEFF	C#2	1.2 NAME		1 3 7	Addition
STREET ADDRESS	12313 BRADY MANOR WAY			T ADDRESS	1) Ala Brady Hunor Vary	
CITY-ST-ZIP	JACKSONVILLE FL 32223	_	1.4 CITY - 8		Jacksonville FL 32223	
TITLE	S	P DELETE	2 1 TITLE		Secretary Denance	Addition
NAME			2.2 NAME		Didne Farmer 18325 Brady Monor Way	
STREET ADDRESS	12337 BRADY MANOR WAY		2 3 STREE	ADDRESS	12325 Brady Marior Cong	
CITY-ST-ZIP TITLE			2 4 CITY-	ST - ZIP	Jacksonville FL 32223	
NAME	d Hoffman, Mark	DOELETE	3 1 TITLE 3 2 NAME		1 5 kg chast	Addition
STREET ADDRESS	12314 BRADY MANOR WAY			ADDRESS	113363 Brady Monor way	ĺ
CITY-ST-ZIP	JACKSONVILLE FL 32223		34 CITY-		Jacksonville FL 32233	
TITLE	D	DELETE	4 1 TITLE			Addition
NAME	TANKERSLEY, TOM		4 2 NAME	ĺ		
STREET ADDRESS	12338 BRADY MANOR WAY		4 3 STREET	ADDRESS	Keith Farmer Manur Way	
CITY-ST-ZIP	JACKSONVILLE FL 32223	Florier	4.4 CITY - S	37 - ZIP	Jacksonville FL 32023	
TITLE NAME	T KOENIC COITZ	DELETE	5 1 TITLE		Janet Koenig	Addition
STREET ADDRESS	KOENIG, FRITZ 12349 BRADY MANOR WAY		5.2 NAME	ADDOCAA	12349 Brady Monor Way	ļ
CITY-ST-ZIP	JACKSONVILLE FL 32223		5.3 STREET 5.4 City-9		Jacksonville FL 32223	
TITLE	WWW. ALLENGER	DELETE	61 TITLE	11.71	<u> </u>	Addition
NAME			6.2 NAME		_ strange _ /	Marine II
STREET ADDRESS			63 STREET	ADDRESS		_
CITY-ST-ZIP			6.4 CITY - S	T-ZIP	05-01-96 OK	
 14. I do hereb certify that 	y certify that the information supplied wit the information indicated on this annual	th this filing is voluntarily fund report or supplemental and	nished and doe	s not qua	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes 1 ft.	irther

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deptime Proce 1

SIGNATURE: _

4.28.96 904-391-5310 Dayline Proper