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FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000000613 (8)
1. Corporation Name
BRADY MANOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
12361 BRADY MANOR WAY JACKSONVILLE FL 32223
12361 BRADY MANOR WAY JACKSONVILLE FL 32223-2575

3. Date Incorporated or Qualified 02/06/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 12314 Brady Manor Way 27 12314 Brady Manor Way
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-3363586
Applied For Not Applicable

22 J 27
City & State Jacksonville FL 28 Jacksonville FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Jacksonville FL 28 Jacksonville FL
24 32223 25 USA 29 32223 30 USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Vickie Hoffman
82 Street Address (P.O. Box Number is Not Acceptable) 12314 Brady Manor Way
83
84 City Jacksonville FL 85 Zip Code 32223

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 Diane J Farmer Vickie Hoffman DATE 4-24-97

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, HAL	
STREET ADDRESS	12361 BRADY MANOR WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FARMER, DIANE	
STREET ADDRESS	12325 BRADY MANOR WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHOAT, MIKE	
STREET ADDRESS	12362 BRADY MANOR WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARMER, KEITH	
STREET ADDRESS	12325 BRADY MANOR WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOENIG, FRITZ	
STREET ADDRESS	12349 BRADY MANOR WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOEING, JANET	
STREET ADDRESS	12349 BRADY MANOR WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vickie Hoffman	
1.3 STREET ADDRESS	12314 Brady Manor Way	
1.4 CITY-ST-ZIP	Jacksonville FL 32223	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tom Tankersly	
3.3 STREET ADDRESS	12338 Brady Manor Way	
3.4 CITY-ST-ZIP	Jacksonville FL 32223	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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.

CR2E037 (9/96)

Diane J Farmer Vickie Hoffman 4-24-97