

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 12314 BRADY MANOR WAY JACKSONVILLE FL 32223 US	Mailing Address 12314 BRADY MANOR WAY JACKSONVILLE FL 32223 US
--	--

3. Date Incorporated or Qualified 02/06/1995	
4. FEI Number 59-3363586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HOFFMAN, VICKIE
12314 BRADY MANOR WAY
JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent

81 Name RATHY THOMSON	
82 Street Address (P.O. Box Number is Not Acceptable) 12313 BRADY MANOR WAY	
83 City JACKSONVILLE FL.	
84 City 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: *Rathy Thomson*
(NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HOFFMAN, VICKIE	1.1 TITLE PD	1.2 NAME THOMSON, RATHY
STREET ADDRESS 12314 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL	1.3 STREET ADDRESS 12313 BRADY MANOR WAY	1.4 CITY-ST-ZIP JACKSONVILLE, FL 32223
TITLE S	NAME FARMER, DIANE	2.1 TITLE S	2.2 NAME PETERSON, PATRICIA
STREET ADDRESS 12325 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL 32223	2.3 STREET ADDRESS 12337 BRADY MANOR WAY	2.4 CITY-ST-ZIP JACKSONVILLE, FL 32223
TITLE D	NAME TANKERSLY, TOM	3.1 TITLE	3.2 NAME
STREET ADDRESS 12338 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME FARMER, KEITH	4.1 TITLE	4.2 NAME
STREET ADDRESS 12325 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL 32223	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE T	NAME KOENIG, FRITZ	5.1 TITLE	5.2 NAME
STREET ADDRESS 12349 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL 32223	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME KOEING, JANET	6.1 TITLE	6.2 NAME
STREET ADDRESS 12349 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL 32223	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HOFFMAN, VICKIE	1.1 TITLE PD	1.2 NAME THOMSON, RATHY
STREET ADDRESS 12314 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL	1.3 STREET ADDRESS 12313 BRADY MANOR WAY	1.4 CITY-ST-ZIP JACKSONVILLE, FL 32223
TITLE S	NAME FARMER, DIANE	2.1 TITLE S	2.2 NAME PETERSON, PATRICIA
STREET ADDRESS 12325 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL 32223	2.3 STREET ADDRESS 12337 BRADY MANOR WAY	2.4 CITY-ST-ZIP JACKSONVILLE, FL 32223
TITLE D	NAME TANKERSLY, TOM	3.1 TITLE	3.2 NAME
STREET ADDRESS 12338 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME FARMER, KEITH	4.1 TITLE	4.2 NAME
STREET ADDRESS 12325 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL 32223	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE T	NAME KOENIG, FRITZ	5.1 TITLE	5.2 NAME
STREET ADDRESS 12349 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL 32223	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME KOEING, JANET	6.1 TITLE	6.2 NAME
STREET ADDRESS 12349 BRADY MANOR WAY	CITY-ST-ZIP JACKSONVILLE FL 32223	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE: *Patricia Peterson* PATRICIA A. PETERSON 5-3-98 (904)292-2630

CR2E037 (10/97)