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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000613

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/06/1995

22 12313 BRADY MANOR WAY
City & State

27 12313 BRADY MANOR WAY
City & State

4. FEI Number
59-3363586

Applied For -
Not Applicable

23 Jacksonville, Florida

28 Jacksonville, Florida

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 32223 25 U.S.A.

29 32223 30 U.S.A.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BARNY THOMSON
12313 BRADY MANOR WAY
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name
CATHY THOMSON

82 Street Address (P.O. Box Number is Not Acceptable)
12313 BRADY MANOR WAY

83 Jacksonville

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/16/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME THOMSON CATHY
STREET ADDRESS 12313 BRADY MANOR WAY
CITY-ST-ZIP JACKSONVILLE FL 32223

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S DELETE
NAME PETERSON, PATRICIA
STREET ADDRESS 12337 BRADY MANOR WAY
CITY-ST-ZIP JACKSONVILLE FL 32223

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME TANKERSLY, TOM
STREET ADDRESS 12338 BRADY MANOR WAY
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME FARMER, KEITH
STREET ADDRESS 12325 BRADY MANOR WAY
CITY-ST-ZIP JACKSONVILLE FL 32223

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T DELETE
NAME KOENIG, FRITZ
STREET ADDRESS 12349 BRADY MANOR WAY
CITY-ST-ZIP JACKSONVILLE FL 32223

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME KOEING, JANET
STREET ADDRESS 12349 BRADY MANOR WAY
CITY-ST-ZIP JACKSONVILLE FL 32223

6.1 TITLE Change Addition
6.2 NAME
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-99
Date

(904) 292-2630
Daytime Phone #

CR2E037 (1/198)