

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90219 043 ****61.25

DOCUMENT # N95000000613

1. Entity Name

BRADY MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12313 BRADY MANOR WAY
 JACKSONVILLE FL 32223
 US

12313 BRADY MANOR WAY
 JACKSONVILLE FL 32223
 US

2. Principal Place of Business

12325 BRADY MANOR WAY

3. Mailing Address

12325 BRADY MANOR WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3363586

Applied For

Not Applicable

Zip

32223

Country

US

Zip

32223

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMSON, CATHY
 12313 BRADY MANOR WAY
 JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name: Farmer, Keith
 Street Address (P.O. Box Number is Not Acceptable):
 12325 BRADY MANOR WAY
 City: Jacksonville FL Zip Code: 32223

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMSON CATHY	
STREET ADDRESS	12313 BRADY MANOR WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	S	<input type="checkbox"/> Delete
NAME	TANKERSLY, BETH	
STREET ADDRESS	12338 BRADY MANOR WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANKERSLY, TOM	
STREET ADDRESS	12338 BRADY MANOR WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEG, JOG	
STREET ADDRESS	12301 BRADY MANOR WAY	
CITY-ST-ZIP	JACK, FL 32223	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith Farmer* KEITH FARMER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02 984-737-7730
 Date Daytime Phone #

CR2E037 (9/01)