

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90014 012 ****61.25

DOCUMENT # N95000002449

1. Entity Name

BRAYWICK OWNER'S ASSOCIATION, INC.

Principal Place of Business

2215 EAST STATE ROAD 200
 YULEE FL 32097
 US

Mailing Address

PO BOX 1987
 YULEE FL 32041-1987
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3314620**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRELL J. POWELL
 2215 EAST STATE ROAD 200
 YULEE FL 32097

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: GILLIAMSEN, DONALD Delete
 STREET ADDRESS: 9537 THORNABY LANE
 CITY-ST-ZIP: JACKSONVILLE FL 32256

TITLE: PD Change Addition
 NAME: Sherri Akens-Rivera
 STREET ADDRESS: 9520 Southbrook Dr.
 CITY-ST-ZIP: Jacksonville, FL 32256

TITLE: VD Delete
 NAME: RIVERA, SHERRI
 STREET ADDRESS: 9520 SOUTHBROOK DR
 CITY-ST-ZIP: JACKSONVILLE FL 32256

TITLE: VD Change Addition
 NAME: Sean Beech
 STREET ADDRESS: 7433 Carriage Side Ct.
 CITY-ST-ZIP: Jacksonville, FL 32256

TITLE: STD Delete
 NAME: ADAMS, CAROLE
 STREET ADDRESS: 7473 CARRIAGE SIDE CT
 CITY-ST-ZIP: JACKSONVILLE FL 32256

TITLE: STD Change Addition
 NAME: Greca Stuart
 STREET ADDRESS: 7438 Carriage Side Ct.
 CITY-ST-ZIP: Jacksonville FL 32256

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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

Sherri Akens-Rivera **Sherri L. Akens-Rivera** **2/28/00** **998-9280**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)