


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90382 049 \*\*\*\*61.25

**DOCUMENT # N95000002449**

1. Entity Name  
**BRAYWICK OWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**3670 US 1 SOUTH SUITE 100 SAINT AUGUSTINE, FL 32086 US**

Mailing Address  
**3670 US 1 SOUTH SUITE 100 SAINT AUGUSTINE, FL 32086 US**



2. Principal Place of Business  
**19 Masters Drive**

3. Mailing Address  
**19 Masters Drive**

Suite, Apt. #, etc.

04202004 Chg-NP CR2E037 (10/03)

City & State  
**Sf. Augustine, FL**

City & State  
**Sf. Augustine FL**

Zip  
**32084**

Country  
**St. Johns**

4. FEI Number  
**59-3314620**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HERREN, JANICE L  
 3670 US 1 SOUTH  
 SAINT AUGUSTINE, FL 32086**

7. Name and Address of New Registered Agent

Name  
**Janice Herren**

Street Address (FEI Number is Not Acceptable)  
**19 Masters Drive**

City  
**St. Augustine**

FL **32084**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janice Herren* DATE 4/20/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAJAS, GLORIA 7441 CARRIAGE SIDE CT JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEJIAS, RACARDO 7445 CARRIAGE SIDE CT JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADAMS, CAROLE 7473 CARRIAGE SIDE CT JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMEREIHN, TERESA 9543 THORNABY LN JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORER, RICHARD 9502 SOUTHBROOD DR JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Teresa M. Ameriehn* TERESA M. AMEREIHN DATE 4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 386 3482