

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90031 050 ****61.25

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DOCUMENT # N95000002449 1. Entity Name BRAYWICK OWNER'S ASSOCIATION, INC.					
Principal Place of Business 79 MASTERS DRIVE SAINT AUGUSTINE, FL 32084 HS			Mailing Address CENTURION COMMUNITY ASSOCIATION MANAGEMENT 7545 CENYURION PKWY, STE 106 JACKSONVILLE, 32256		
2. Principal Place of Business - No P.O. Box # <i>Centurion Community Association Management</i> Suite, Apt. #, etc. <i>7545 Centurion Pkwy</i>			3. Mailing Address Suite, Apt. #, etc. <i>#106</i>		
City & State <i>Jacksonville, FL</i>		City & State _____		4. FEI Number 59-3314620	
Zip <i>32256</i>		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERREN, JANICE L 79 MASTERS DRIVE SAINT AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name <i>Leonard Cannarozzo</i> Street Address (P.O. Box Number is Not Acceptable) <i>7545 Centurion Pkwy, #106</i> City <i>Jacksonville</i> FL <i>32256</i>	
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 <i>Leonard Cannarozzo</i> DATE <i>3/29/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P WRIGHT, STEVEN 9543 THORNABY LANE JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jim Thomas 9513 Thornaby Dr Jacksonville 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RICHARDS, MARK 7432 CARRIAGESIDE DRIVE JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Seth House 9500 Thornaby Dr Jacksonville FL 32251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANDERS, SHAWN 7469 CARRIAGESIDE DRIVE JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Dan Burstein 7486 Carriage Side Cr Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PERLE, DAN 9509 SOUTHBROOK DRIVE JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PEAS Dan Perle 9509 Southbrook Dr Jacksonville FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>3-29-2008</i> Daytime Phone # <i>536-1119</i>		