

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90847 018 ****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
US**

10025771



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**3670 US1 SOUTH
SUITE 100**

3. Mailing Address
**3670 US1 South
SUITE 100**

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE, FL

4. FEI Number **59-3314620**

Applied For
 Not Applicable

Zip
32086

Country
USA

Zip
32086

Country
USA

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

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 **Janice L. Herren**

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

3670 US 1 SOUTH

City **ST AUGUSTINE**

FL

Zip Code **32086**

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 L. Herren

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILIAMSEN, DONALD 9543 THORNABY LN JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSENS, GERALD 9523 THORNABY LN. JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADAMS, CAROLE 7473 CARRIAGE SIDE CT. JACKSONVILLE FL 32256	<input 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gloria Rojas 7441 Carriage Side Ct Jacksonville Fl 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ricardo Mejias 7445 Carriage Side Ct Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" 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 Amereihn **TERESA Amereihn** *2/4/03* **9043595950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)