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May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000876 (0)

1. Corporation Name

BRIAR BAY ORLANDO HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

529 VERSAILLES DRIVE
SUITE 200
MAITLAND FL 32751

529 VERSAILLES DRIVE
SUITE 200
MAITLAND FL 32751-4590

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADICK, RAYMOND R
529 VERSAILLES DRIVE
SUITE 200
MAITLAND FL 32751

81 Name

JACK B. HANSON

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

THE MELODIE MGMT. GROUP
P 279 PASADENA PLACE #100

83 City

ORLANDO

FL

85 Zip Code

32803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JACK B. HANSON

4/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BRADICK, RAYMOND R
STREET ADDRESS 529 VERSAILLES DRIVE, SUITE 200
CITY-ST-ZIP MAITLAND FL 32751

DELETE

TITLE D
NAME SINGLETON, RALPH
STREET ADDRESS 529 VERSAILLES DRIVE, SUITE 200
CITY-ST-ZIP MAITLAND FL 32751

DELETE

TITLE D
NAME BLACKBURN, ROBERT D JR.
STREET ADDRESS 529 VERSAILLES DRIVE, SUITE 200
CITY-ST-ZIP MAITLAND FL 32751

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

JACK B. HANSON

4/18/97 429-0086

CR2E037 (9/96)