NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

∲ 1999

DOCUMENT # N9600000876

1. Corporation Name

BRIAR BAY ORLANDO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 529 VERSAILLES DRIVE

529 VERSAILLES DRIVE SUITE 200 MAITLAND FL 32751

Suite, Apt. #, etc.

21

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Principal Place of Business

Mailing Address

529 VERSAILLES DRIVE SUITE 280

PO COX

Suite, Apt. #, etc.

City & State

MAITLAND PL 32751

FILED

00 MAR -2 AMII: 17

SECREMARY OF STATE TABLEARIES SEE. FEBRUEA

FINST	TATE	MEN	TUC	18

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

02/19/1996

59-3393302

4. FEI Number

_ Zig へc	Country	_528551	Country	6. Election Campaign Financing	\$5.00 1	-	
24 Jan	8UJ 25 UJ	29 1010	30 45	Trust Fund Contribution	Added to	Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
	`		81 Name		}- (-	SOUN	
/HANSON, JACK B		82 Street A	The Melrose Corporation				
THE MELROSE MGMT GROUP			Post Office Box 531010				
229 PAADENA PLACE #100		83 [4] [1416 Concord Street East				
,) FL 32803	ž.	84 Ci(Orlando, FL 32803	line	06	
		•	100 [10]	,	52	E031	
11. Pursuant	to the provisions of Sections 617.0502 a	nd 617.1508, Florida Statu	tes, the above-named c	orporation submits this statement for the purpose of	of changing its r	egistered	
office or r	egistered agent, or both, in the State of I m familiar with, and accept the obligation	Florida. Such change was a Section 617.0503. Flo	authorized by the corpor orida Statutes. 🚜	ation's board of directors. I hereby accept the app	ointment as reg	istered	
		V	b / the	150m) 4/23/3	9 9		
SIGNATURE	Signature, typed or princets and or registered agent an	d title if applicable. (NOTI	E: Registered Agent signature req				
12.	FFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	DELETE	1.1 IUTE D.\:\D	COIGENT /DIRECTOR	☐ Change	Addition	
NAME	BRADICK, RAYMOND R		1.2 NAME	copera roughous			
STREET ADDRESS	529 versailles drive, suite 20	00	1.3 STREET ADDRESS	195 Blior Bay Circle			
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP	Orlando FC 32825			
TITLE	D	DELETE	2.1 TILES/D	ecreton/director	Change	Addition	
NAME	SINGLETON, RALPH	•	2.2 NAME	iso, Seoblooks			
STREET ADDRESS	529 VERSAILLES DRIVE, SUITE 20	00	2.3 STREET ADDRESS	365 Brior Bay Circle			
CITY-ST-ZIP	MAITLAND FL 32751		2. 4 CITY-ST-ZIP	Orlando Fl. 32825			
TITLE	D	DELETE	3.1 TITLE D	Director	☐ Change	Addition	
NAME	BLACKBURN, ROBERT D JR.	•	3.2 NAME	enjota Rivers			
STREET ADDRESS	529 VERSAILLES DRIVE, SUITE 20	00	3.3 STREET ADDRESS	573 Brian Bay Circle			
CITY-ST-ZIP	MAITLAND FL 32751		3.4. CITY-ST-ZIP	Ylando FL 32825			
TITLE		☐ DELETE	4,1 TIFLE		Change	☐ Addition	
NAME			4. 2 NAME	80000316 9 -03/14/00-	3878-		
STREET ADDRESS			4.3 STREET ADDRESS			113_	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****297,50			
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		_	5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	·	Change	☐ Addition	
NAME			6.2 NAME		ķ		
STREET ADDRESS			6.3 STREET ADDRESS		K		
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
14. I hereby o	certify that the information supplied with t	his filing does not qualify for	or the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further curre shall have the same legal effect as if made un	ertify that the in	formation am an	

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 with all other like empowered.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1111199

Daytime Phone #

KZEUS/ (3/88)

Applied For

\$8.75 Additional

Fee.Required

Not Applicable