


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90088 024 ****61.25

DOCUMENT # N98000000552	
1. Entity Name BRIAR PATCH ESTATES HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 406 S.W. UNCLE REMUS GLN. FT. WHITE, FL 32038 US	Mailing Address 406 S.W. UNCLE REMUS GLN. FT. WHITE, FL 32038 US
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2. Principal Place of Business - No P.O. Box # 224 SW UNCLE REMUS GLEN	3. Mailing Address 224 SW UNCLE REMUS GLEN
Suite, Apt. #, etc. GLEN	Suite, Apt. #, etc. GLEN


City & State FORT WHITE FL	City & State FORT WHITE FL
Zip 32038	Zip 32038
Country USA	Country USA

01302007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3530739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLANCHARD, STEPHANIE 406 UNCLE REMUS GLEN FT. WHITE, FL 32038	7. Name and Address of New Registered Agent Name BIEGNER, NORMAN Street Address (P.O. Box Number is Not Acceptable) 224 SW UNCLE REMUS GLEN City FORT WHITE FL Zip Code 32038
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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  **NORMAN L. BIEGNER** SECRETARY/TREASURER 28 MAR 07
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, STEPHANIE 406 S.W. UNCLE REMUS GLN. FT. WHITE, FL 32038 <input checked="" 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	D BIEGNER, NORMAN 224 S.W. UNCLE REMUS GLN. FORT WHITE, FL 32038 <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	D LARSEN, ERIC 239 S.W. UNCLE REMUS GLN. FT. WHITE, FL 32038 <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	D BODEN, STEVE 427 S.W. UNCLE REMUS GLN. FORT WHITE, FL 32038 <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
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:  **NORMAN L. BIEGNER** 28 MAR 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

386-497-3822