## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 737214** 

Entity Name: BRIAR CREEK MOBILE HOME COMMUNITY I, INC.

FILED
Mar 01, 2024
Secretary of State
7093717502CC

## **Current Principal Place of Business:**

4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685

## **Current Mailing Address:**

4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US

FEI Number: 59-1718777 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title VP Title VF

Name BARR, ROBERT Name RAMALHO, KIMBERLY

Address 4151 WOODLANDS PARKWAY Address 4151 WOODLANDS PARKWAY

City-State-Zip: PALM HARBOR FL 34685 City-State-Zip: PALM HARBOR FL 34685

Title TREASURER Title SECRETARY

Name HARTIN, AL Name CONNIE , HOLMES

Address 4151 WOODLANDS PARKWAY Address 4151 WOODLANDS PARKWAY

City-State-Zip: PALM HARBOR FL 34685 City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR Title DIRECTOR

Name MOORE, MICHAEL Name RIVERA, PATRICIA

Address 4151 WOODLANDS PARKWAY Address 4151 WOODLANDS PARKWAY

City-State-Zip: PALM HARBOR FL 34685 City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR
Name AREND, GENE

Address 4151 WOODLANDS PARKWAY

City-State-Zip: PALM HARBOR FL 34685

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BARR PRESIDENT 03/01/2024