

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750590

**Entity Name:** BRAE MOOR SOUTH HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**1569 BURNHAM LANE  
DUNEDIN, FL 34698**Current Mailing Address:**1569 BURNHAM LANE  
DUNEDIN, FL 34698**FEI Number:** 59-2186036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AUKAMP, DAVID W  
1569 BURNHAM LANE  
DUNEDIN, FL 34698 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           TREASURER  
Name           AUKAMP, DAVID W  
Address       1569 BURNHAM LN  
City-State-Zip: DUNEDIN FL 34698

Title           DIRECTOR  
Name           CONNOR, HERB  
Address       1939 BRAEMOOR DR  
City-State-Zip: DUNEDIN FL 34698

Title           DIRECTOR  
Name           PAPADOPOULOS, JOANN  
Address       1559 ROXBURG LN  
City-State-Zip: DUNEDIN FL 34698

Title           PRESIDENT  
Name           PETRO, JIM  
Address       1938 BRAEMOOR DR  
City-State-Zip: DUNEDIN FL 34698

Title           SECRETARY  
Name           SHANK, DEBBIE  
Address       1475 BURNHAM LN  
City-State-Zip: DUNEDIN FL 34698

Title           VP  
Name           RICE, SUSAN  
Address       1902 ARGILE DR.  
City-State-Zip: DUNEDIN FL 34698

Title           DIRECTOR  
Name           RUCKART, KEN  
Address       1883 BRAEMOOR DR  
City-State-Zip: DUNEDIN FL 34698

Title           DIRECTOR  
Name           RUBEL, RICK  
Address       1465 BURNHAM LN  
City-State-Zip: DUNEDIN FL 34698

**Continues on page 2**

*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:** DAVID W. AUKAMP

TREASURER

04/03/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

|                 |                  |                 |                  |
|-----------------|------------------|-----------------|------------------|
| Title           | DIRECTOR         | Title           | DIRECTOR         |
| Name            | FAIR, GEORGE     | Name            | GRABOSKI, MITCH  |
| Address         | 1540 FIFE CT     | Address         | 1550 ROXBURG LN  |
| City-State-Zip: | DUNEDIN FL 34698 | City-State-Zip: | DUNEDIN FL 34698 |