

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752346

Entity Name: BRIAR CREEK MOBILE HOME COMMUNITY II, INC.**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:** 59-2060652**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 P
Name BERRY, BILLIE ANN
Address 4151 WOODLANDS PARKWAY
City-State-Zip: PALM HARBOR FL 34685

Title VP/SEC
Name OGRODOWSKI, BILLIE
Address 4151 WOODLANDS PARKWAY
City-State-Zip: PALM HARBOR FL 34685

Title TREA
Name DAVIS, JOAN
Address 4151 WOODLANDS PARKWAY
City-State-Zip: PALM HARBOR FL 34685

Title D
Name BRIGGS, WILLIAM
Address 4151 WOODLANDS PARKWAY
City-State-Zip: PALM HARBOR FL 34685

Title D
Name GROHSKOPF, ARNOLD
Address 4151 WOODLANDS PARKWAY
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR
Name RUSSO, WILLIAM
Address 4151 WOODLANDS PARKWAY
City-State-Zip: PALM HARBOR FL 34685

Title DIRECTOR
Name BOWLBY, BOB
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: BILLIE ANN BERRY**PRESIDENT****04/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date