

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003023

**Entity Name:** BRIAR OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1021 OAK STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1021 OAK STREET  
JACKSONVILLE, FL 32204 US

**FEI Number:** 02-0798479

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION  
1200 S. PINE ISLAND ROAD  
250  
FORT LAUDERDALE, FL 33324 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            PRESIDENT, DIRECTOR  
Name            LEFERE, BRADY  
Address        4600 CYPRESS STREET  
City-State-Zip: TAMPA FL 33607

Title            VP, SECRETARY, DIRECTOR  
Name            SMITH, RANDALL  
Address        4600 CYPRESS STREET  
City-State-Zip: TAMPA FL 33607

Title            TREASURER, DIRECTOR  
Name            FLORES, RAY  
Address        4600 CYPRESS STREET  
City-State-Zip: TAMPA FL 33607

*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:** BRADY LEFERE

**PRESIDENT**

**01/06/2015**

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

\_\_\_\_\_  
Date