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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 745084

CONDOMINIUM OWNERS ASSOCIATION OF BRIARFIELD, IN

Principal Place of Business Mailing Address 5037 RINGWOOD MEADOW DR. 5037 RINGWOOD MEADOW DR. SARSOTA FL 34235 SARSOTA FL 34235 3. Date Incorporated or Qualified 3a. Date of Last Report 11/29/1978 03/06/1995 2. Principal Flace of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2044666 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** SUMMERS, DIANE M. Street Address (P.O. Box Number is Not Acceptable) 3681 LONGMEADOW DR. SARASOTA FL 34235 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 THILE Addition Bonnet, Henry Sue 100 3673 Long weakow 71. Sarasola, El PIERRO, RUDOLPH V. NAME 1.2 NAME CR2E037 4742 MARSHFIELD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition SUMMERS, DIANE M. NAME 2.2 NAME 3681 LONGMEADOW DR. STREET ADDRESS 2 3 STREET ADDRESS CHTY-ST-ZIP SARASOTA FL 2 4 CITY-ST-ZIP TITLE STD DELETE 3.1 TITLE ☐ Change ■ Addition SMITH, CAROLINE M. 3620 IRONWOOD CIR. NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** BRADENTON FL CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change ☐ Addition DE BARROS, RAMOS NAME 4. 2 NAME 3683 LONGMEADOW DR. STREET ADDRESS 4.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP **400001742** -03/14/96--01023 TITLE DELETE ☐ Addition 51 TITLE ROACHE, GWENDOLYN NAME 52 NAME \*\*\*B1.25 3645 LONDMEADOW DR. STREET ADDRESS 5.3 STREET ADDRESS SARASOTA EL CITY-ST-ZIP 54 CITY-ST-ZIP DELETE -TITLE 61 TITLE auis, Ann Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I furnier certify that the information indicated on this annual report or supplemental annual 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