FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



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

EAST BILLOWOOD LIEADOW DO

5037 RINGWOOD MEADOW DR

FILED Feb 06 1997 8:00am Secretary of State



SARSOTA FL 3	4235	SARSOTA FL 34235-2035						
					3. Date Incorporated 11/29/197	f or Qualified	3a. Date of L 03/1	ast Report 4/1996
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	00		Applied For
21		26			59-20446	ж		Not Applicable
Sulte, Apt. (#, etc	Suite, Apt. #, etc.			5. Certificate of State	us Desired		.75 Additional ee Required
City & State	,	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun	try	8. This corporation h	as liability for inte	angible tax un	der s. 199.032,
24	25	29	30		Florida Statutes		∕es □ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Addre	ss of New Regis	tered Agent	
				11 Nam	е			
SUMMERS, DIANE M.				82 Street Address (P.O. Box Number is Not Acceptable)				
	NGMEADOW DR.							
SARASO)TA FL 34235		ε	13				
			8	4 City			FI 85	Zip Code
44 Purquant t	o the provisions of Sections 617.050	22 and 617 1609 Florida State	don the ob		ad corneration automite this state	amont for the next		nino ita rasistarad
office or re	o the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was	authorized	by the c	orporation's board of directors.	I hereby accept the	he appointme	ging its registered ent as registered
SIGNATURE _								
	Signature, typed or printed name of registered ag	ent and title if applicable. (NO ID DIRECTORS	13.	Agent signal	ure required when reinstating) ADDITIONS/CHAN		DATE	CTODO (N. 40
TITLE	PD OFFICERS AN	DELETE	13. 1.1 IIIL		ADDITIONS/CHAN	SES TO OFFICER	Ct	
	PIERRO, RUDOLPH V	[] pecele	1.2 NAM				L_ 0	larige Addition
NAME	4742 MARSHFIELD			-				
STREET ADDRESS	SARASOTA FL			ET ADDRES	5			
CITY-ST-ZIP TITLE	VD VD	DELETE	2.1 TrTL	-ST-ZIP			₽ď	nange Addition
NAME	SUMMERS, DIANE M		2.2 NAM		DONALD L	wome	•	idingo
STREET ADDRESS	3681-LONGMEADOW DR.			et addres	SOBT RING	60000	mesar	عصرما
1.5	SARASOTA FL		11		SA-R. FL.	34235	>	
CITY-ST-ZIP TITLE	BM	DELETE	3.1 TITL	Y-ST-ZIP			□ Cr	
NAME	TRAVIS. ANN	- Victoria	3.2 NAM				, o	, action
STREET ADDRESS	3865 LANGMEADOW DR.		4	EET ADDRES				
CITY-ST-ZIP	SARASOTA FL			7-ST-ZIP	ĭ			
TITLE	BM	DELETE	4 1 TITE		 		□ Cr	ange Addition
NAME	DE BARROS, RAMOS		4. 2 NA			2/,		. —
STREET ADDRESS	3683 LONGMEADOW DR.		4.3 STR	EET ADDRES	s	76)	1 -	
CITY-ST-ZIP	SARASOTA FL			- ST- ZIP		•		
TITLE	BM	DELETE	5.1 TITL		1 MARY KDE 5037 RIN SAR, FL.	STILE D	Ú \$k¢i	ange Addition
NAME	BODNET, HENRY SUE		5.2 NAN		1 12 2		ساما سم	estario)
STREET ADDRESS	3673 LONGMEADOW DR.		5.3 STR	ET ADDRES	2027 Kru	9600	U rne	
CITY-ST-ZIP	SAPASOTA PL		5.4 CITY	-ST-ZIP	SAR, FL.	342	<i>ሜ</i> ን"	
TITLE		☐ DELETE	6.1 TITL		4000	02080 9701017	1024	ange Addition
NAME			6.2 NAM	E			'025	
STREET ADDRESS			6.3 STR	EET ADDRES	s] ***61.2	5		
CITY-ST-ZIP			6.4 City	- ST- ZIP				

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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