

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745084 (4)**  
 1. Corporation Name  
**CONDOMINIUM OWNERS ASSOCIATION OF BRIARFIELD, IN C.**



Principal Place of Business <b>5037 RINGWOOD MEADOW DR. SARASOTA FL 34235</b>	Mailing Address <b>5037 RINGWOOD MEADOW DR. SARASOTA FL 34235</b>
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3. Date Incorporated or Qualified <b>11/29/1978</b>
4. FEI Number <b>59-2044666</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**SUMMERS, DIANE M.  
 3881 LONGMEADOW DR.  
 SARASOTA FL 34235**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City <b>FL</b> 85. Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD <i>Pres</i>	<input type="checkbox"/> DELETE
NAME	PIERRO, RUDOLPH V	
STREET ADDRESS	4742 MARSHFIELD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD <i>V. Pres</i>	<input type="checkbox"/> DELETE
NAME	LAMONTE, DONALD M	
STREET ADDRESS	5037 RINGWOOD MEADOW	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	<del>BM</del> <i>Secy. T.</i>	<input type="checkbox"/> DELETE
NAME	TRAVIS, ANN	
STREET ADDRESS	3885 LANGMEADOW DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	BM <i>Dir. D.</i>	<input type="checkbox"/> DELETE
NAME	DE BARROS, RAMOS	
STREET ADDRESS	3883 LONGMEADOW DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	BM <i>Tras. T.</i>	<input type="checkbox"/> DELETE
NAME	KREUGER, MARY	
STREET ADDRESS	5037 RINGWOOD MEADOW	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Rudy Pierro*

*2-11-98*

CFR2037 (10/97)