


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 046 ****61.25

DOCUMENT # 745084			
1. Entity Name CONDOMINIUM OWNERS ASSOCIATION OF BRIARFIELD, INC.			
Principal Place of Business 5037 RINGWOOD MEADOW DR. SARSOTA FL 34235		Mailing Address 5037 RINGWOOD MEADOW DR. SARSOTA FL 34235	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

64010000



MOORE CR2E037 (11/03)

4. FEI Number 59-2044666	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PIERRO, RUDY 4742 MARSHFIELD SARASOTA FL 34235		7. Name and Address of New Registered Agent	
		Name SAM ADELSTEIN	
		Street Address (P.O. Box Number is Not Acceptable) 3683 LONG MEADOW	
		City SARASOTA FL Zip Code 34235	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P PIERRO, RUDOLPH V STREET ADDRESS 4742 MARSHFIELD CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME P ADELSTEIN, SAM STREET ADDRESS 3683 LONG MEADOW CITY-ST-ZIP SARASOTA, FL. 34235	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D DICASTRI, LOU STREET ADDRESS 4744 MARSH FIELD CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete	TITLE NAME V-P FRANZ, HERB STREET ADDRESS 3667 LONG MEADOW CITY-ST-ZIP SARASOTA, FL. 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD MCCLAIN, JACK STREET ADDRESS 4746 MARSE FIELD RD. CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete	TITLE NAME SD CAMERESI, BILLIE STREET ADDRESS 3685 LONG MEADOW CITY-ST-ZIP SARASOTA, FL. 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D WAX, DOLORES STREET ADDRESS 3605 LONG MEADOW CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete	TITLE NAME P DICASTRI, SANDY STREET ADDRESS 4744 MARSHFIELD RD. CITY-ST-ZIP SARASOTA, FL. 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D GARY, DILLON STREET ADDRESS 3667 LONG MEADOW CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sam Adelstein Date: 02/24/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #