



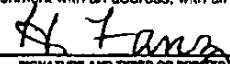
**2005 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

05-03-2005 90102 039 \*\*\*61.25  
745084

FILED

05 MAY 24 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 745084</b>			
1. Entity Name <b>CONDOMINIUM OWNERS ASSOCIATION OF BRIARFIELD, INC.</b>			
Principal Place of Business 5037 RINGWOOD MEADOW DR. SARASOTA, FL 34235		Mailing Address 5037 RINGWOOD MEADOW DR. SARASOTA, FL 34235	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>B</b>		Suite, Apt. #, etc. <b>B</b>	
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>	
Zip		Country	
4. FEI Number <b>59-2044666</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FIDELSTERN, SAM 3683 LONLMEADOW SARASOTA, FL 34235		Name <b>PAMI Management, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>5037 Ringwood Meadow</b> <b>Ste B</b> City <b>SARASOTA</b> FL Zip Code <b>34235</b>	
B. 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 		DATE <b>4/15/05</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when resigning)	
Amended AR is <b>\$81.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELSTEIN, SAM	NAME	
STREET ADDRESS	3683 LONGMEADOW	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANZ, HERB	NAME	
STREET ADDRESS	3867 LONGMEADOW	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMONTE, DON	NAME	
STREET ADDRESS	3685 LONGMEADOW	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICASTAI, SANDY	NAME	<b>SD</b>
STREET ADDRESS	4744 MARSH FIELDS RD	STREET ADDRESS	<b>Di Castri, Sandra</b>
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	<b>4744 Marshfield</b>
TITLE	VPO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, LOIS	NAME	
STREET ADDRESS	3853 LONG MEADOW	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	
TITLE	VP/D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, LOIS	NAME	
STREET ADDRESS	3853 LONG MEADOW	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		DATE <b>4-13-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



04082005 Chg-NP CR2E037 (10/03)