


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State

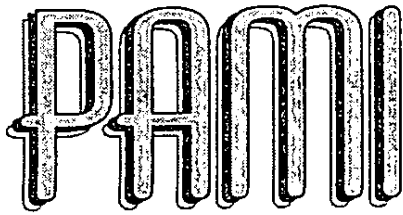
05-04-2006 90202 038 ****61.25

DOCUMENT # 745084					
1. Entity Name CONDOMINIUM OWNERS ASSOCIATION OF BRIARFIELD, INC.					
Principal Place of Business 5037 RINGWOOD MEADOW DR. B SARSOTA, FL 34235			Mailing Address 5037 RINGWOOD MEADOW DR. B SARSOTA, FL 34235		
2. Principal Place of Business <i>5041 Ringwood Meadow</i>		3. Mailing Address <i>5041 Ringwood Meadow</i>			
Suite, Apt. #, etc. <i>STE. 2</i>		Suite, Apt. #, etc. <i>STE. 2</i>			
City & State <i>SARSOTA FL</i>		City & State <i>SARSOTA FL</i>		4. FEI Number 59-2044866	
Zip <i>34235</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>34235</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT, INC. 5037 RINGWOOD MEADOW DR. B SARSOTA, FL 34235			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) <i>5041 Ringwood Meadow</i>		
			<i>STE. 2</i>		
			City <i>SARSOTA</i>		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	TD ADELSTEIN, SAM 3683 LONGMEADOW SARSOTA, FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANZ, HERB 3667 LONGMEADOW SARSOTA, FL 34235 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McMahon 3645 Longmeadow SARSOTA, FL 34235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMONTE, DON 3685 LONGMEADOW SARSOTA, FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LA MONTE, DON 3685 Longmeadow SARSOTA, FL 34235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICASTRI, SANDRA 4744 MARSHFIELD SARSOTA, FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALLAGHER, LOIS 3653 LONG MEADOW SARSOTA, FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, LOIS 3653 LONGMEADOW SARSOTA, FL 34235 <input checked="" 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 exemptions contained in Chapter 119, 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 empower.					
SIGNATURE: <i>Lois Gallagher</i>			Date: <i>4/21/06</i> Phone: <i>941-342-9222</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

66019030

#745084



MANAGEMENT, INC.

5041 Ringwood Meadow Suite 2 • Sarasota, FL 34235

(941) 342-4275 fax: 342-6296

June 9, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To: Annual Reports Section

Re: Condominium Owners Association of Briarfield, Inc.
745084

President/Director:
James McMahon
3645 Longmeadow
Sarasota, FL 34235

Secretary/Director:
Sandra DiCastrì
4744 Marshfield
Sarasota, FL 34235

Director:
Lois Gallagher
3653 Longmeadow
Sarasota, FL 34235

Vice President/Director:
Don LaMonte
3685 Longmeadow
Sarasota, FL 34235

Treasurer/Director
Sam Adelstein
3683 Longmeadow
Sarasota, FL 34235