


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90293 029 ****61.25

DOCUMENT # 745084

1. Entity Name
CONDOMINIUM OWNERS ASSOCIATION OF BRIARFIELD, IN C.



Principal Place of Business
**5037 RINGWOOD MEADOW DR.
SARSOTA FL 34235**

Mailing Address
**5037 RINGWOOD MEADOW DR.
SARSOTA FL 34235**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2044666**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PIERRO, RUDY
4742 MARSH FIELD
SARASOTA FL 34235**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PIERRO, RUDOLPH V	
STREET ADDRESS	4742 MARSHFIELD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICASTRI, LOU	
STREET ADDRESS	4744 MARSH FIELD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCLAIN, JACK	
STREET ADDRESS	4746 MARSE FIELD RD.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAX, DOLORES	
STREET ADDRESS	3605 LONG MEADOW	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARY, DILLON	
STREET ADDRESS	3667 LONG MEADOW	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: *(Signature Required)* **1-27-03**

CR2E037 (10/02)