

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:22

DOCUMENT # **N02891** (2)

1. Corporation Name  
**TOWNHOMES OF BRIARWOOD ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**13537 SIESTA PINES CT.S.W.  
FORT MYERS FL 33908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/04/1984** 3a. Date of Last Report **03/01/1994**

4. FEI Number **59-2412485** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21** **26** **13527 SIESTA PINES CT, SW**

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

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

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

City & State City & State  
**23** **28**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

Zip Country Zip Country  
**24** **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIOVANNONE, GEORGE  
13535 SIESTA PINES CT S.W.  
FORT MYERS FL 33908**

81 Name **SUPALO, RICHARD**  
82 Street Address (P.O. Box Number Is Not Acceptable) **13525-1 SIESTA PINES CT. SW**  
83  
84 City **FT MYERS** FL 85 Zip Code **33908**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Richard Supalo*

DATE **3/17/95**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **PD**  
NAME **SUPALO, RICHARD**  
STREET ADDRESS **13525-1 SIESTA PINES COURT, S.W.**  
CITY - ST - ZIP **FT. MYERS FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **SD**  
NAME **MCGRAIN, SUSAN**  
STREET ADDRESS **13535 SIESTA PINES CT, SW**  
CITY - ST - ZIP **FORT MYERS FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **TD**  
NAME **ROSSOW, ROBERT**  
STREET ADDRESS **13537 SIESTA PINES CT, SW**  
CITY - ST - ZIP **FT. MYERS FL**

3.1 TITLE **TD**  Change  Addition  
3.2 NAME **KROGER, ERWIN C.**  
3.3 STREET ADDRESS **13527 SIESTA PINES CT SW**  
3.4 CITY - ST - ZIP **FT MYERS FL 33908**

TITLE **D**  
NAME **KROGER, ERV**  
STREET ADDRESS **13527 SIESTA PINES COURT, S.W.**  
CITY - ST - ZIP **FT. MYERS FL**

4.1 TITLE **D**  Change  Addition  
4.2 NAME **GONDIA TERRY**  
4.3 STREET ADDRESS **13525-3 SIESTA PINES CT SW**  
4.4 CITY - ST - ZIP **FT MYERS FL 33908**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE **VB**  Change  Addition  
5.2 NAME **SCOTT PARKER**  
5.3 STREET ADDRESS **15339 SIESTA PINES CT SW**  
5.4 CITY - ST - ZIP **FT MYERS FL 33908**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Erwin C. Kroger*  
SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR

DATE **3-14-95**

TELEPHONE NUMBER **813-466-1034**

No 2891

Form **1120-H**

**U.S. Income Tax Return  
for Homeowners Associations**

OMB No. 1545-0127  
**1994**

Department of the Treasury  
Internal Revenue Service

For Paperwork Reduction Act Notice, see page 2.

For calendar year 1994 or tax year beginning JAN 1, 1994, and ending DEC 31, 1994

Use IRS label. Other- wise, please print or type.	Name	NI 59-2412485 DEC94 S07 6530 Y	Employer identification number (see page 4) <u>59-2412485</u>	
	Number	TOWNHOMES OF BRIARWOOD ASSOCIATION INC		Date association formed <u>1994</u>
	City	13527 SIESTA PINES CT SW FORT MYERS FL 33908		

Check applicable boxes: (1)  Final return (2)  Change of address (3)  Amended return

A	Total exempt function income. Must meet 60% gross income test (see instructions)	A	17960	00
B	Total expenditures made for purposes described in 90% expenditure test (see instructions)	B	16592	25
C	Association's total expenditures for the tax year (see instructions)	C	16592	25
D	Tax-exempt interest received or accrued during the tax year <u>CHECKING TIME</u>	D	394	23

**Gross Income (excluding exempt function income)**

1	Dividends	1		
2	Taxable interest	2		
3	Gross rents	3		
4	Gross royalties	4		
5	Capital gain net income (attach Schedule D (Form 1120))	5		
6	Net gain (or loss) from Form 4797, Part II, line 20 (attach Form 4797)	6		
7	Other income (excluding exempt function income) (attach schedule)	7	NONE	
8	<b>Gross income</b> (excluding exempt function income). Add lines 1 through 7	8	NONE	E

**Deductions (directly connected to the production of gross income, excluding exempt function income)**

9	Salaries and wages	9		
10	Repairs and maintenance	10		
11	Rents	11		
12	Taxes and licenses	12		
13	Interest	13		
14	Depreciation (attach Form 4562)	14		
15	Other deductions (attach schedule)	15	16592	25
16	<b>Total deductions.</b> Add lines 9 through 15	16	16592	25
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17		
18	<b>Specific deduction of \$100</b>	18	\$100	00

**Tax and Payments**

19	<b>Taxable income.</b> Subtract line 18 from line 17	19		
20	Enter 30% of line 19	20		
21	Tax credits (see instructions)	21		
22	<b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	22		
23	<b>Payments:</b> a 1993 overpayment credited to 1994	23a		
	b 1994 estimated tax payments	23b		
	c Total	23c		
	d Tax deposited with Form 7004	23d		
	e Credit from regulated investment companies (attach Form 2439)	23e		
	f Credit for Federal tax on fuels (attach Form 4136)	23f		
	g Add lines 23c through 23f	23g		
24	<b>Tax due.</b> Subtract line 23g from line 22. See instructions for depository method of tax payment	24		
25	<b>Overpayment.</b> Subtract line 22 from line 23g	25		
26	Enter amount of line 25 you want: <b>Credited to 1995 estimated tax</b>	26		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here	Signature of officer	<u>Erwin A. Karger</u>	Date	<u>3-14-95</u>	Title	<u>Treasurer</u>
	Preparer's signature	<u>Joan D. Acker</u>	Date	<u>3-7-95</u>	Preparer's social security number	<u>304 38 9466</u>
Paid Preparer's Use Only	Firm's name (or yours if self-employed) and address	<u>H. A. BLOCK</u>		E.I. No.	<u>RD 1632899</u>	
				ZIP code	<u>33908</u>	

ATTACH TO:

NO2891 1994

1040-1088

10-C-H

TOWALOMONAS TRACT 1111220 1111220

13527 S. 18th Ave. S.W.

First 1111220 1111220

LINE C + LINE 15				
1994 TOTAL EXP FOR TAX YR				
INSURANCE: LIAB + FIRE	1067.78			
DRIVE CHARGES	206.27			
ELECTRIC	1153.20			
WATER + SEWER	5197.77			
POOL MAINTENANCE	1801.95			
LAWN CARE	3741.00			
POSTAGE	116.00			
SHRUB + TREE CARE	1275.19			
SERVICE FEES	1068.00			
REPAIRS	545.08			
MISC.	420.51			
TOTAL LINE C + L 15	<u>16592.25</u>			