

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N02891** (2)  
1. Corporation Name  
**TOWNHOMES OF BRIARWOOD ASSOCIATION, INC.**



Principal Place of Business: **13537 SIESTA PINES CT..S.W. FORT MYERS FL 33908**  
Mailing Address: **13527 SIESTA PINS COURT. S.W FORT MYERS FL 33908 US**

3. Date Incorporated or Qualified: **05/04/1984**  
3a. Date of Last Report: **03/31/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-2412485</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SUPALO, RICHARD</b> <b>13525-1 SIESTA PINES COURT, S.W.</b> <b>FT. MYERS FL 33908</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUPALO, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>13525-1 SIESTA PINES COURT, S.W.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGRAIN, SUSAN</b>	2.2 NAME	
STREET ADDRESS	<b>13535 SIESTA PINES CT,SW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROGER, ERWIN C</b>	3.2 NAME	
STREET ADDRESS	<b>13527 SIESTR PINES COURT, S.W.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROGER, ERV</b>	4.2 NAME	
STREET ADDRESS	<b>13527 SIESTA PINES COURT, S.W.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, SCOTT</b>	5.2 NAME	
STREET ADDRESS	<b>15329 SIESTA PINES COURT, S.W.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON TERRY</b>	6.2 NAME	
STREET ADDRESS	<b>18305 LACHATEAU DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKFIELD WISCONSIN 53045</b>	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 119.07(3)(k), 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 617, 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* Date: **2-5-96** 941-466-1034

CR2E037 (12/95)