

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02891 (2)**  
1. Corporation Name  
**TOWNHOMES OF BRIARWOOD ASSOCIATION, INC.**

Principal Place of Business <b>13537 SIESTA PINES CT.S.W. FORT MYERS FL 33908</b>	Mailing Address <b>13527 SIESTA PINS COURT, S.W FORT MYERS FL 33908-2834 US</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified <b>05/04/1984</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>59-2412485</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SUPALO, RICHARD  
13525-1 SIESTA PINES COURT, S.W.  
FT. MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SUPALO, RICHARD	
STREET ADDRESS	13525-1 SIESTA PINES COURT, S.W.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCGRAIN, SUSAN	
STREET ADDRESS	13535 SIESTA PINES CT,SW	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KROGER, ERWIN C	
STREET ADDRESS	13527 SIESTR PINES COURT, S.W.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KROGER, ERV	
STREET ADDRESS	13527 SIESTA PINES COURT, S.W.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD <b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	PARKER, SCOTT	
STREET ADDRESS	15329 SIESTA PINES COURT, S.W.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, TERRY	
STREET ADDRESS	18305 LACHATEAU DR	
CITY-ST-ZIP	BROOKFIELD WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VICE PRESIDENT - SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LEIGH A. KLEIN</b>	
1.3 STREET ADDRESS	<b>P.O. BOX 902 - NA</b>	
1.4 CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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** ERWIN. C. KROGER 914-466-1034  
391-97  
Date Daytime Phone # 0066322

CR2E037 (9/96)