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FILED

**Feb 27 1998 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1998**



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 Mailing Address
**13537 SIESTA PINES CT. S.W.
FORT MYERS FL 33908** **13527 SIESTA PINS COURT. S.W
FORT MYERS FL 33908
US**

3. Date Incorporated or Qualified
05/04/1984

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

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**GURALO, RICHARD
13527 SIESTA PINES COURT, S.W.
FT. MYERS FL 33908
SCOTT PARKER
13529 SIESTA PINES CT S.W., 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 **FL** 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 DELETE

NAME **VPS KLEIN, LEIGH A**

STREET ADDRESS **P.O. BOX 902 N/A**

CITY-ST-ZIP **SANIBEL FL**

TITLE DELETE

NAME **TD KROGER, ERWIN C**

STREET ADDRESS **13527 SIESTR PINES COURT, S.W.**

CITY-ST-ZIP **FT. MYERS FL**

TITLE DELETE

NAME **D KROGER, ERV**

STREET ADDRESS **13527 SIESTA PINES COURT, S.W.**

CITY-ST-ZIP **FT. MYERS FL**

TITLE DELETE

NAME **VDP PARKER, SCOTT**

STREET ADDRESS **13529 SIESTA PINES COURT, S.W. 13529**

CITY-ST-ZIP **FT. MYERS FL**

TITLE DELETE

NAME **D GORDON, TERRY**

STREET ADDRESS **18305 LACHATEAU DR**

CITY-ST-ZIP **BROOKFIELD WI**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: *[Signature]* **2-20-98** **466-1034**

CR2E087 (10/97)