FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02891

1. Corporation Name

TOWNHOMES OF BRIARWOOD ASSOCIATION, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

13527 SIESTA PINS COURT, S.W FORT MYERS FL 33908

US

26

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90184 010 ****61.25



3. Date Incorporated or Qualifed

05/04/1984

59-2412485

FEI Number

City & Stat	te	City & State				1 :	5. Certifca	te of Statu	s Desired		•		iditional
23		28									F	ee Req	uired
Zip	Country	Zip	Zip Cour				6. Election Campaign Financin		n Financing		\$5.00 May Be		
24	25 29 30				Trust Fund Contribution						Added to Fees		
	9. Name and Address of Current	Registered Agent				1	0. Name a	nd Addre	ss of New F	Registered /	\gent		
				81	Name								
PARKER,	SCOTT			82	Stroot	Address	/P O Boy	Numbar is	Not Accepta	hle)			
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				84	City					FL	85	Zip Co	oae
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florid	a Statutes, the	above	-named	corporati	ion submits	this state	ment for the	purpose of	changi	ng its r	egistered
office or n	egistered agent, or both, in the State o	if Florida. Such chang	ge was authorize	ed by	the corp	oration's	board of di	rectors. 1 l	hereby accep	ot the appoir	ntment	as reg	stered
agent, rai	m familiar with, and accept the obligati	ons of, Section 617.0	ious, Fiorida ou	nutes.	•								
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable	(NOTE; Register	ad Acien	t signature 1	required who	n reinstatino\			DATE			
12.	OFFICERS AND		13		t aightataid i	roquido Ano		NS/CHAN	GES TO OF		D DIRI	ECTOR	S IN 12
TITLE	VPS X DELETE			11 TITLE 7			CHEA	1 MA	GRATA	J	[] Ch	ange	Addition
NAME	KLEIN, LEIGH A	<i>F</i>				2/11/		~ ""	s FL	Disco	F (C		
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NAME	KROGER, ERWIN C	NAU.	₽ ''-	_		1							
STREET ADDRESS	13527 SIESTR PINES COURT, S	o.W.			ADDRESS	ł	. ر ـ سـ						
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NAME	KROGER, ERV			NAME									
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NAME	PARKER, SCOTT		4. 2	NAME		1							
STREET ADDRESS	13529 SIESTA PINES CT SW		4.3	STREET	ADDRESS	Ì							
CITY-ST-ZIP	FT. MYERS FL			CITY-ST	-ZIP								
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NAME	GORDON, TERRY		5.2	NAME									
STREET ADDRESS	18305 LACHATEAU DR		5.3	STREET	ADORESS	ĺ							
CITY-ST-ZIP	BROOKFIELD WI		5.4	CITY-ST	ZIP								
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CITY-ST-ZIP			6.4	CITY-ST	·ZIP						_	_	
	certify that the information supplied with	this filing does not d	ualify for the ex	empti	on stated	d in Secti	on 119 070	3)(i). Florid	da Statutes. I	further cert	ify that	the int	ormation

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, with all other like empowered.

SIGNATURE:

EMATURE REQUIRED W

12-15-99 466-1034.

;R2E037 (11/98)

Applied For

Not Applicable