

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

0063079

03-06-2001 90286 016 \*\*\*\*61.25

**DOCUMENT # N02891**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2412485**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, SCOTT**  
**13529 SEISTA PINES CT SW**  
**FT MYERS FL 33908**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **SUPALO, RICHARD**  
 STREET ADDRESS **13525-1 SIESTA PINES CT**  
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **KROGER, ERWIN C**  
 STREET ADDRESS **13527 SIESTR PINES COURT, S.W.**  
 CITY-ST-ZIP **FT. MYERS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BENKERT, KAREN**  
 STREET ADDRESS **13529 SIESTA PINES CT SW**  
 CITY-ST-ZIP **FT. MYERS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GORDON, TERRY**  
 STREET ADDRESS **18305 LACHATEAU DR**  
 CITY-ST-ZIP **BROOKFIELD WI**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **MCGRAIN, MICHAEL**  
 STREET ADDRESS **13525-2 SIESTA PINES CT.**  
 CITY-ST-ZIP **FT. MEYERS FL 33908**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2001

941-466-1034

Date

Daytime Phone #

CR2E037 (10/00)