

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90074 019 ****61.25

03/1/02

DOCUMENT # N02891

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2412485

Applied For

Not Applicable

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	<input type="checkbox"/> Delete
NAME	SUPALO, RICHARD	
STREET ADDRESS	13525-1 SIESTA PINES CT	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	T	<input type="checkbox"/> Delete
NAME	KROGER, ERWIN C	
STREET ADDRESS	13527 SIESTR PINES COURT, S.W.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KROGER, ERV	
STREET ADDRESS	13527 SIESTA PINES COURT, S.W.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENKERT, KAREN	
STREET ADDRESS	13529 SIESTA PINES CT SW	
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	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCGRAIN, MICHAEL	
STREET ADDRESS	13525-2 SIESTA PINES CT.	
CITY-ST-ZIP	FT. MEYERS FL 33908	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2002
2-8-2002- 941-466-1034
 Date Daytime Phone #

CR2E037 (9/01)