



2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02891				FILED 04 NOV -9 AM 10: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name TOWNHOMES OF BRIARWOOD ASSOCIATION, INC.		Principal Place of Business 13537 SIESTA PINES CT., S.W. B-1 FORT MYERS, FL 33908		Mailing Address 13537 SIESTA PINES CT., S.W. B-1 FORT MYERS, FL 33908 US	
2. Principal Place of Business 13525-2 SIESTA PINES CT. Apt. #, etc.		3. Mailing Address 13525-2 SIESTA PINES CT. Suite, Apt. #, etc.			
City & State FT. MYERS, FL.		City & State FT. MYERS, FL.		4. FEI Number NOT APPLICABLE	
Zip 33908		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KROGER, ERWIN C 13527 SEISTA PINES CT SW FT MYERS, FL 33908		7. Name and Address of New Registered Agent Name SUSAN McGRAIN Street Address (P.O. Box Number is Not Acceptable) 13525-2 SIESTA PINES CT. City FT. MYERS FL Zip Code 33908			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE SUSAN McGRAIN		<i>Susan McGrain</i>		DATE 11/4/04	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUPALO, RICHARD 13525-1 SIESTA PINES CT FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600042610246 11/09/04--01086--017 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KROGER, ERWIN C 13527 SIESTR PINES COURT, S.W. FT. MYERS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T D SUSAN McGRAIN 13525-2 SIESTA PINES CT. FT. MYERS, FL. 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KROGER, ERV 13527 SIESTA PINES COURT, S.W. FT. MYERS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD REBECCA BERGER 13535 SIESTA PINES CT. FT. MYERS, FL. 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENKERT, KAREN 13529 SIESTA PINES CT SW FT. MYERS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S KAREN BENKERT 13529 SIESTA PINES CT. FT. MYERS, FL. 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, TERRY 18305 LACHATEAU DR BROOKFIELD, WI	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CLIFFORD SHORT 13525-4 SIESTA PINES CT. FT. MYERS, FL. 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD McGRAIN, MICHAEL 13525-2 SIESTA PINES CT. FT. MEYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>DR 11/17</i>	
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: SUSAN McGRAIN		<i>Susan McGrain</i>		DATE 11/4/04 239-466-0534	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	