


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02891**  
 1. Entity Name  
 TOWNHOMES OF BRIARWOOD ASSOCIATION, INC.



Principal Place of Business  
 13525-2 SIESTA PINES CT  
 FT MYERS, FL 33908

Mailing Address  
 13525-2 SIESTA PINES CT  
 FT MYERS, FL 33908



07052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCGRAIN, SUSAN  
 13525-2 SIESTA PINES CT  
 FT MYERS, FL 33908

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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

U00000373525  
 07/19/05-80002-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUPALO, RICHARD 13525-1 SIESTA PINES CT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGRAIN, SUSAN 13525-2 SIESTA PINES CT FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BERGER, REBECCA 13525 SIESTA PINES CT FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENKERT, KAREN 13529 SIESTA PINES CT SW FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORT, CLIFFORD 13525-4 SIESTA PINES CT FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 7/15/05 239-466-0534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #