


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90087 041 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGRAIN, SUSAN 13525-2 SIESTA PINES CT FT MYERS FL 33908			7. Name and Address of New Registered Agent		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUPALO, RICHARD		NAME	CHARLES ELMERS	
STREET ADDRESS	13525-1 SIESTA PINES CT		STREET ADDRESS	13531 SIESTA PINES CT.	
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP	FT. MYERS, FL. 33908	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRAIN, SUSAN		NAME		
STREET ADDRESS	13525-2 SIESTA PINES CT		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33908		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, REBECCA		NAME		
STREET ADDRESS	13525 SIESTA PINES CT		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33908		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENKERT, KAREN		NAME		
STREET ADDRESS	13529 SIESTA PINES CT SW		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, CLIFFORD		NAME		
STREET ADDRESS	13525-4 SIESTA PINES CT		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33908		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DAVID CHRISTENSEN	
STREET ADDRESS			STREET ADDRESS	13539 SIESTA PINES CT.	
CITY-ST-ZIP			CITY-ST-ZIP	FT. MYERS, FL. 33908	



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

2/7/06 239.466.0534