

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90139 044 \*\*\*\*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**

**90012456**



2. Principal Place of Business

**TOWNHOME OF BRIARWOOD ASS.**

3. Mailing Address

**13527 SIESTA PINES CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**FT. MYERS FL**

City & State  
**FLORIDA 33908**

4. FEI Number **59-2412485**

Applied For  
 Not Applicable

Zip  
**33908**

Country  
**LEE**

Zip

Country  
**LEE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

*N/A*

7. Name and Address of New Registered Agent

Name **ERWIN C. KROGER**  
Street Address (P.O. Box Number is Not Acceptable)  
**13527 SIESTA PINES CT. SW**  
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 *Erwin C Kroger*

*1-10-2003*

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SUPALO, RICHARD</b>	
STREET ADDRESS	<b>13525-1 SIESTA PINES CT</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KROGER, ERWIN C</b>	
STREET ADDRESS	<b>13527 SIESTR PINES COURT, S.W.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>KROGER, ERV</b>	
STREET ADDRESS	<b>13527 SIESTA PINES COURT, S.W.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BENKERT, KAREN</b>	
STREET ADDRESS	<b>13529 SIESTA PINES CT SW</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, TERRY</b>	
STREET ADDRESS	<b>18305 LACHATEAU DR</b>	
CITY-ST-ZIP	<b>BROOKFIELD WI</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>MCGRAIN, MICHAEL</b>	
STREET ADDRESS	<b>13525-2 SIESTA PINES CT.</b>	
CITY-ST-ZIP	<b>FT. MEYERS FL 33908</b>	

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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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)**

*1-25-2003*

*1-239-466-1034*

CR2E037 (10/02)