

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 27, 2009  
Secretary of State**

DOCUMENT# N05000010391

Entity Name: BRIELLA NO. 1 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSCS, INC.  
3900 WOODLAKE BLVD, STE 309  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GRS MANAGEMENT ASSCS, INC.  
3900 WOODLAKE BLVD, STE 309  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 20-3795367      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE, P.A.  
1900 NORTH COMMERCE PARKWAY  
WESTON, FL 33326      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GUARDINO, DOMINIC  
Address: 7409 BRIETTA DR.  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPD ( ) Delete  
Name: MORALES, ALICE  
Address: 7414 BRIELLA DR.  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PSD ( ) Delete  
Name: HUNTER, VALERIE  
Address: 390 BRIETTA DR.  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MORALES, ALICE  
Address: 7414 BRIELLA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPD (X) Change ( ) Addition  
Name: PORGES, JONATHAN  
Address: 7488 BRIELLA DR.  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PSD (X) Change ( ) Addition  
Name: HUNTER, VALERIE  
Address: 7390 BRIELLA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE MORALES

PD

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date