

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07132 (6)

1. Corporation Name

BRIARWICK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **1301 SEMINOLE BLVD. STE 172 LARGO FL 34640 US**
Mailing Address: **1301 SEMINOLE BLVD. STE 172 LARGO FL 34640 US**

3. Date Incorporated or Qualified: **01/15/1985**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-2578772**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**LOEFFLER-KARL
1301 SEMINOLE BLVD.
STE 172
LARGO FL 34640**

10. Name and Address of New Registered Agent
**81 Name: STERLING FIN. & MGMT, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1301 SEMINOLE BLVD.
83 SUITE 172
84 City: LARGO FL 85 Zip Code: 34640**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.
Signature: [Handwritten Signature] **4/1/96**
Signature, typed or printed name of registered agent and title if applicable: **Doreen K. Shaw** (NOTE: Registered Agent signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS

TITLE	P.D <input type="checkbox"/> DELETE
NAME	COLEMAN, STEVE
STREET ADDRESS	3114 EDGEWOOD DR
CITY-ST-ZIP	PALM HARBOR FL
TITLE	ST.O <input type="checkbox"/> DELETE
NAME	LUSK, SCOTT
STREET ADDRESS	3010 BELMOOR DR 3158 EDGEWOOD DR
CITY-ST-ZIP	PALM HARBOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	YODER, KEITH
STREET ADDRESS	4018 BELMOOR DR.
CITY-ST-ZIP	PALM HARBOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GIBSON, VADA
STREET ADDRESS	3191 EDGEWOOD DR.
CITY-ST-ZIP	PALM HARBOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAMPTON, CHERYL
STREET ADDRESS	3191 EDGEWOOD DR.
CITY-ST-ZIP	PALM HARBOR FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	000001780350
4.3 STREET ADDRESS	-04/15/96--01064--001
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Scott Lusk* **SCOTT LUSK** **4/1/96** **813-559-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
SG 4-15-96

CR2E037 (12/95)