

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 28 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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 Mailing Address  
**1301 SEMINOLE BLVD. STE 172 LARGO FL 34640 US**

3. Date Incorporated or Qualified **01/15/1985** 3a. Date of Last Report **04/15/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERLING FIN. & MGMT, INC.**  
**1301 SEMINOLE BLVD.**  
**STE 172**  
**LARGO FL 34640**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, STEVE	
STREET ADDRESS	3114 EDGEMOOR DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LUSK, SCOTT	
STREET ADDRESS	3158 EDGEMOOR 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 EDGEMOOR DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMPTON, CHERYL	
STREET ADDRESS	3191 EDGEMOOR DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	V-D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	A.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T-D	<input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97 813-559-0400  
 Date Daytime Phone # 0049837

CR2E037 (9/96)