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 Feb 05 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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. 1301 SEMINOLE BLVD.
 STE 172 STE 172
 LARGO FL 34640 LARGO FL 34640
 US US

3. Date Incorporated or Qualified
 01/15/1985

4. FEI Number
 59-2578772

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

9. Name and Address of Current Registered Agent
 STERLING FIN. & MGMT, INC.
 1301 SEMINOLE BLVD.
 STE 172
 LARGO FL 34640

10. Name and Address of New Registered Agent

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	VD CUSH, BOB	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	0450-EDGEWOOD DR		1.2 NAME
STREET ADDRESS	PALM HARBOR FL		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	PD YODER, KEITH	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	4018 BELMOOR DR.		2.2 NAME
STREET ADDRESS	PALM HARBOR FL		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	SD GIBSON, VADA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	3101 EDGEWOOD DR.		3.2 NAME
STREET ADDRESS	PALM HARBOR FL		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	TD HAMPTON, CHERYL	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	3191 EDGEWOOD DR.		4.2 NAME
STREET ADDRESS	PALM HARBOR FL		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P.D. Mike Bousher 4001 BELMOOR Palm Harbor, Fl. 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V.D. Gaylon Dubois 3018 Edgemoor Palm Harbor, Fl. 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T.D. Cheryl Hampton 3138 Edgemoor Palm Harbor, Fl. 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S.D. Joan McKendrick 3994 Edgemoor Palm Harbor, Fl. 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 checked, or on an attachment with an address.

SIGNATURE: Mike Bousher 1/6/98 (813) 559-0412

CR2E037 (10/97)