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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07132

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

301081-90065-8 1 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/15/1985
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
		59-2578772
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
25 Country	30 Country	\$5.00 May Be Added to Fees

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 type="checkbox"/> DELETE	1.1 TITLE	Vi President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUSHER, MIKE	1.2 NAME	D
STREET ADDRESS	4021 BELLMOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBOIS, GAYLON	2.2 NAME	D
STREET ADDRESS	3018 EGDemoor	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President + <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKENDRICK, JOAN	3.2 NAME	Fred Luck
STREET ADDRESS	3994 EGDemoor	3.3 STREET ADDRESS	3911 Edgemoor
CITY-ST-ZIP	PALM HARBOR FL 34685	3.4 CITY-ST-ZIP	Palm Harbor FL 34685
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	HAMPTON, CHERYL	4.2 NAME	
STREET ADDRESS	3138 EGDemoor	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	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	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2-23-99 727 729-6377
Daytime Phone #

CR2E037 (1/98)