

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N07132

Entity Name: BRIARWICK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

THE PROP GROUP OF CEN FL INC.
STE H
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

2595 TAMPA RD
SUITE H
PALM HARBOR, FL

New Mailing Address:

FEI Number: 59-2518772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLEMENT, LEIGH
2595 TAMPA ROAD
STE H
PALM HARBOR, FL 34684 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: DTS () Delete
Name: WOLEVER, STANLEY
Address: 3126 EDGEMOOR DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: VPD () Delete
Name: STEPHENSON, JOSEPH
Address: 4036 BELMOOR DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: DTS () Delete
Name: MONISTERE, SUSAN
Address: 3961 BELMOOR DRIVE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WOLEVER, STANLEY
Address: 2595 TAMPA ROAD, SUITE H
City-St-Zip: PALM HARBOR, FL 34684

Title: DST (X) Change () Addition
Name: MONISTERE, SUSAN
Address: 2595 TAMPA ROAD, SUITE H
City-St-Zip: PALM HARBOR, FL 34684

Title: DVP (X) Change () Addition
Name: STEPHENSON, JOSEPH
Address: 2595 TAMPA RAOD, SUITE H
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STANLEY WOLEVER

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date