# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2004**
**Secretary of State**

DOCUMENT# N96000000876

**Entity Name:** BRIAR BAY ORLANDO HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1416 CONCORD ST. EAST
ORLANDO, FL 32803

**New Principal Place of Business:**

1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804

**Current Mailing Address:**

PO BOX 531010
ORLANDO, FL 328531010

**New Mailing Address:**

**FEI Number: 59-3393302** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE MELROSE CORPORATION
1416 CONCORD STREET EAST
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

THE MELROSE CORPORATION
1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804 US

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: _____ 04/23/2004
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SEABROOKS, LISA
Address: 365 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825 US

Title: D (X) Delete
Name: RIVERS, KENYATTA
Address: 373 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825 US

Title: D ( ) Delete
Name: BODE, KATHRYN
Address: 320 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KATHRYN BODE D 04/23/2004
Electronic Signature of Signing Officer or Director — Date