2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# N96000000876

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

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 32716

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:

WOMACK, ELLEN R AGENT
225 S. WESTMONTE DRIVE
3310
ALTAMONTE SPRINGS, FL 32714 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: D ( ) Delete
Name: SANTIAGO, TITO
Address: 242 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825 US

Title: DP ( ) Delete
Name: EZELL, JOHN
Address: 254 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825 US

Title: DVP ( ) Delete
Name: PRESLEY, JERRY
Address: 218 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: DS ( ) Delete
Name: MORENO, BETTY
Address: 250 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: DT ( ) Delete
Name: SERRANO-KIRBY, AMARA
Address: 364 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: SANTIAGO, TITO
Address: 242 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825 US

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

Title: D (X) Change ( ) Addition
Name: WILSON, WILLIE
Address: 480 BRIAR BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

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 Chapter 119, 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: ELLEN WOMACK A 03/28/2006

Electronic Signature of Signing Officer or Director — Date