

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90251 016 \*\*\*\*61.25

**DOCUMENT # 751015**

1. Entity Name

**BRIAR BAY PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business

**LAND CAP PROP SERVICES, INC.**  
**13800 S.W. 144 AVE ROAD**  
**MIAMI FL 33186**  
**US**

Mailing Address

**LAND CAP PROP SERVICES, INC.**  
**13800 S.W. 144 AVE ROAD**  
**MIAMI FL 33186**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2168871**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SUITS, STEPHEN**  
**LAND CAP PROP SERVICES, INC.**  
**13800 S.W. 144 AVE ROAD**  
**MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALLEN, MARK</b> <input type="checkbox"/> Delete <b>13165 SW 95 AVENUE</b> <b>MIAMI FL 33176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Forero, Henry</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>10600 SW 127 ST.</b> <b>MIAMI FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KIRSNER, HARRY</b> <input type="checkbox"/> Delete <b>9190 SUNSET DR</b> <b>MIAMI FL 33173</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Stanton, James</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>13009 SW 95 ave.</b> <b>MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HOFFMAN, LOIS</b> <input checked="" type="checkbox"/> Delete <b>13325 SW 95TH AVENUE</b> <b>MIAMI FL 33176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Hernstadt, Roger</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>13213 SW 95 ave.</b> <b>MIAMI FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PERRY, MIKE</b> <input checked="" type="checkbox"/> Delete <b>7300 N KENDALL DR #519</b> <b>MIAMI FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Armstrong, Beverly</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>13001 SW 95 ave</b> <b>MIAMI FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENSON, CHERYL</b> <input checked="" type="checkbox"/> Delete <b>15621 SW 74 AVE</b> <b>MIAMI FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>King, Christy</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>13025 SW 95 ave.</b> <b>MIAMI FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEAGHER, RAY</b> <input type="checkbox"/> Delete <b>13051 SW 72 AVE</b> <b>MIAMI FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**FEB. 17th 2003**