## 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 745084** 

Entity Name: CONDOMINIUM OWNERS ASSOCIATION OF BRIARFIELD,

**Current Principal Place of Business:** 

C/O ALL FLORIDA SERVICES MANAGEMENT 2831 RINGLING BLVD STE 218 F

SARASOTA, FL 34237

**Current Mailing Address:** 

C/O ALL FLORIDA SERVICES MANAGEMENT

PO BOX 21048

BRADENTON, FL 34204 US

FEI Number: 59-2044666 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

ALL FLORIDA SERVICES MANAGEMENT 2831 RINGLING BLVD. **STE 218F** 

SARASOTA, FL 34237 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: MARGARET KENNEDY 03/25/2023

> Date Electronic Signature of Registered Agent

**FILED** 

Mar 25, 2023

**Secretary of State** 9939252066CC

Officer/Director Detail :

Title **PRESIDENT** Title DIRECTOR

YODER, CARY NASMITH, LINDA Name Name

C/O ALL FLORIDA SERVICES Address C/O ALL FLORIDA SERVICES Address

**MANAGEMENT MANAGEMENT** 2831 RINGLING BLVD STE 218 F 2831 RINGLING BLVD STE 218 F

SARASOTA FL 34237 SARASOTA FL 34237

City-State-Zip: City-State-Zip:

Title DIRECTOR, TREASURER Title VΡ

Name STRATTON, WILLIAM Name BRYN, DON

Address C/O ALL FLORIDA SERVICES Address C/O ALL FLORIDA SERVICES

MANAGEMENT MANAGEMENT

2831 RINGLING BLVD STE 218 F 2831 RINGLING BLVD STE 218 F

SARASOTA FL 34237 City-State-Zip: SARASOTA FL 34237 City-State-Zip:

**SECRETARY** OTHER, MANAGER Title Title TRASK, DEBORAH KENNEDY, MARGARET Name Name

Address C/O ALL FLORIDA SERVICES Address C/O ALL FLORIDA SERVICES

> MANAGEMENT MANAGEMENT

2831 RINGLING BLVD STE 218 F 2831 RINGLING BLVD STE 218 F

City-State-Zip: SARASOTA FL 34237 City-State-Zip: SARASOTA FL 34237

I hereby 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 all other like empowered.

03/25/2023 SIGNATURE: MARGARET KENNEDY MANAGER