2014 FLORIDA NOT FOR PROF	IT CORPORATION ANNUAL REPORT
DOCUMENT# 751015	

Entity Name: BRIAR BAY PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O LAKEVIEW MANAGEMENT, INC. 13501 SW 128TH STREET, #216 MIAMI, FL 33186-5863

Current Mailing Address:

C/O LAKEVIEW MANAGEMENT, INC. 13501 SW 128TH STREET, #216 MIAMI, FL 33186-5863 US

FEI Number: 59-2168871

Name and Address of Current Registered Agent:

LAKEVIEW MANAGEMENT, INC. 13501 SW 128 STREET #216 MIAMI, FL 33186-5863 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:	SUE BUNETTA			02/10/2014	
	Electronic Signature of Registered Agent			Date	
Officer/Dired	ctor Detail :				
Title	PD	Title	TD		
Name	SELF, CARY	Name	HOCHSTETTER, DIANA		
Address	13501 SW 128 STREET #216	Address	13501 SW 128 STREET #216		
City-State-Zip:	MIAMI FL 33186-5863	City-State-Zip:	MIAMI FL 33186-5863		
Title	VPD	Title	VPD		
Name	ALLEN, MARK	Name	SOLOMON, VICKY T		
Address	13501 SW 128 STREET #216	Address	13501 SW 128 STREET #216		
City-State-Zip:	MIAMI FL 33186-5863	City-State-Zip:	MIAMI FL 33186-5863		
Title	SD	Title	D		
Name	MANTOVANI, JULIE	Name	KIRSNER, HARRY		
Address	13501 SW 128 STREET #216	Address	13501 SW 128 STREET #216		
City-State-Zip:	MIAMI FL 33186-5863	City-State-Zip:	MIAMI FL 33186-5863		
Title	D	Title	D		
Name	FORMAN, REBECCA	Name	LIRA, DESIREE		
Address	13501 SW 128 STREET #216	Address	13501 SW 128 STREET #216		
City-State-Zip:	MIAMI FL 33186-5863	City-State-Zip:	MIAMI FL 33186-5863		
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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.

SIGNATURE: CARY SELF

Electronic Signature of Signing Officer/Director Detail

FILED Feb 10, 2014 Secretary of State CC1381119528

Certificate of Status Desired: No

02/10/2014

Officer/Director Detail Continued :

Title	D	
Name	VIDES-STAVRO, MARIA	
Address	13501 SW 128 STREET #216	
City-State-Zip:	MIAMI FL 33186-5863	