


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 102535</b> 1. Entity Name <b>BRIAR BAY PROPERTIES INC.</b>		
Principal Place of Business <b>14000 SW CITRUS BLVD. INDIANTOWN, FL 34956</b>	Mailing Address <b>P.O. BOX 801 INDIANTOWN, FL 34956</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ROSEN, BORIS 150 SE 2ND AVE STE 1200 MIAMI, FL 33131</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROUP, HELENE Z. 730 S ALHAMBRA CIRCLE CORAL GABLES, FL 33146	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS TROUP, HELENE Z 730 S ALHAMBRA CIR CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROUP, LANCE 924 S ALHAMBRA CIRCLE MIAMI, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROUP, WILLIAM 9601 SW CITRUS BLVD. INDIANTOWN, FL 34956	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>William J Troup</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/3/05</u> Daytime Phone # <u>772 260 4430</u>



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-6060963**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

000000231527  
02/16/05-80035-012 150.00