2008 NOT-FOR-PROFIT CORPORATION

Apr 21, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #715892** 04-21-2008 90067 030 ****61.25 1. Entity Name THE BRIARWOOD CLUB ASSOCIATION, INC. Principal Place of Business Mailing Address 3475 BROKEN WOODS DR. 3475 BROKEN WOODS DR. CORAL SPRINGS, FL 33065-1636 CORAL SPRINGS, FL 33065-1636 04112008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1367884 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent TULLY, ROBERT DO NOT WRITE 3475 BROKEN WOODS DR. CORAL SPRINGS, FL 33065 IN THIS SPACE 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, type dien binderhame eller getre et lagent and title i labb eable stRHE likeg alkered wgend a ginaluid regi cred when i chatatisgo Sale 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 П Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE LAME TULLY, ROBERT STREET ADDRESS 3475 BROKEN WOODS DR CITY ST ZIF CORAL SPRINGS, FL 33065 THUE KAME HOPCROFT, MARY J STREET ADDRESS 3475 BROKEN WOODS DR. CITY ST ZIP CORAL SPRINGS, FL 33065 VΡ TITLE NAME **GUNTHER. DORIS** STREET ALORESS 3475 BROKEN WOODS DR DO NOT WRITE CITY ST ZIP POMPANO BEACH, FL 33065 IN THIS SPACE TITLE 1.AME KILEY, TOM

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: **Z**

STREET ADDRESS

STREET ADDRESS

CITY ST 2IP

SD

NAILE, DON

CITY ST ZIP

TITLE

LAME

NAME STREET ADURESS CITY ST ZM

3475 BROKEN WOODS DR

3475 BROKEN WOODS DR

POMPANO BEACH, FL 33065

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FILED