



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90067 029 ****61.25

DOCUMENT # 719868 1. Entity Name THE BRIARWOOD CLUB ASSOCIATION, INC. #3					
Principal Place of Business 3575 BROKEN WOODS DR CORAL SPRINGS, FL 33065-1608 US			Mailing Address 3575 BROKEN WOODS DR CORAL SPRINGS, FL 33065-1608 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1367883	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PATRONE, GLORIA 3575 BROKEN WOODS DRIVE CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature of the person who changed the registered office or registered agent, or both, in the State of Florida. If the registered agent is a corporation, the signature of the president or officer authorized to execute this statement is required.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD FEVOLA, JOSEPH 3575 BROKEN WOODS DR CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	PD PARTONE, GLORIA 3575 BROKEN WOODS DR CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	VD WYSOCKY, GEORGE 3575 BROKEN WOODS DR CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	SD BRUNO, VINCETTA 3575 BROKEN WOODS DR CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D NUNEZ, JOANNA 3575 BROKEN WOODS DR. CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	Director Laggoni, Lorraine 3575 Broken Woods Dr Coral Springs Fl. 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	9014 4/16/08	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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: <u>Gloria Patrone Pres.</u> 4/16/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					