# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2009**
**Secretary of State**

DOCUMENT# 719868

**Entity Name:** THE BRIARWOOD CLUB ASSOCIATION, INC. #3

**Current Principal Place of Business:**

3575 BROKEN WOODS DR
CORAL SPRINGS, FL 330651608 US

**New Principal Place of Business:**

**Current Mailing Address:**

3575 BROKEN WOODS DR
CORAL SPRINGS, FL 330651608 US

**New Mailing Address:**

3465 BROKEN WOODS DR
CORAL SPRINGS, FL 330651608 US

**FEI Number: 59-1367883** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATRONE, GLORIA
3575 BROKEN WOODS DRIVE
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete
Name: FEVOLA, JOSEPH
Address: 3575 BROKEN WOODS DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD ( ) Delete
Name: PARTONE, GLORIA
Address: 3575 BROKEN WOODS DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD ( ) Delete
Name: WYSOCKY, GEORGE
Address: 3575 BROKEN WOODS DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD ( ) Delete
Name: BRUNO, VINCETTA
Address: 3575 BROKEN WOODS DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: LORRAINE, LAGGONI
Address: 3575 BROKENWOODS DR.
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: PATRONE, GLORIA
Address: 3575 BROKEN WOODS DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LORRAINE, LAGGONI
Address: 3575 BROKENWOODS DR.
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN SCAVONE MGR 04/16/2009

Electronic Signature of Signing Officer or Director — Date