
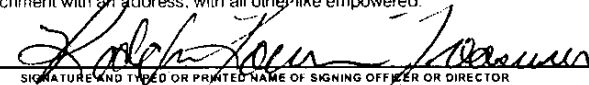


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90067 002 ****61.25

DOCUMENT #726003 1. Entity Name THE BRIARWOOD CLUB ASSOCIATION INC #4					
Principal Place of Business 9101 W SAMPLE RD CORAL SPRINGS, FL 33065 US			Mailing Address 3465 BROKEN WOODS DRIVE CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1579007	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARTIN, JENNIE 9101 W SAMPLE ROAD 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 is changing 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 other officer or director of the corporation.</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					
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input checked="" type="checkbox"/> Delete WEAVER, VIRGINIA 9101 W SAMPLE RD POMPANO BEACH, FL 33065				
TITLE NAME STREET ADDRESS CITY ST ZIP	VD <input type="checkbox"/> Delete LESTER, DANNY 9101 W SAMPLE RD CORAL SPRINGS, FL 33065				
TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input type="checkbox"/> Delete MARTIN, JENNY 9101 W. SAMPLE RD CORAL SPRINGS, FL 33065				
TITLE NAME STREET ADDRESS CITY ST ZIP	TD <input type="checkbox"/> Delete KOURIM, RODGER 9101 W SAMPLE RD CORAL SPRINGS, FL 33065				
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete KLOSZEWSKI, SHARON 9101 W SAMPLE RD CORAL SPRINGS, FL 33065				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete 5/6 4/16/08				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:  4-16-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					