

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726003

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: THE BRIARWOOD CLUB ASSOCIATION INC #4

**Current Principal Place of Business:**

9101 W SAMPLE RD  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

3465 BROKEN WOODS DRIVE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 59-1579007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTIN, JENNIE  
9101 W SAMPLE ROAD  
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: VD ( ) Delete  
Name: LESTER, DANNY  
Address: 9101 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD ( ) Delete  
Name: MARTIN, JENNY  
Address: 9101 W. SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD ( ) Delete  
Name: KOURIM, RODGER  
Address: 9101 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: KLOSZEWSKI, SHARON  
Address: 9101 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: PD (X) Change ( ) Addition  
Name: MARTIN, JENNIE  
Address: 9101 W. SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065

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

Title: SD (X) Change ( ) Addition  
Name: KLOSZEWSKI, SHARON  
Address: 9101 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Change (X) Addition  
Name: TRALONGO, JACK  
Address: 9101 W SAMPLE RD  
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