


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90004 009 ****61.25

DOCUMENT # 729347 1. Entity Name BRIAR BAY TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 13800 SW 144 AVE RD. MIAMI, FL 33186 US		Mailing Address 11767 SOUTH DIXIE HIGHWAY #407 MIAMI, FL 33156 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 13800 SW 144 Ave. Rd. Suite, Apt. #, etc.	
City & State Zip		City & State Miami, FL Zip 33186	
Country USA		4. FEI Number 59-1665509	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SUITS, STEPHEN E 13800 SW 144 AVE. RD. MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	D BATES, ALEX 9203 SW 136 ST CIR MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	D GONZALEZ, RACHEL 9241 SW 136 ST CIR MIAMI, FL 33176	<input type="checkbox"/> Delete	P Feltman, Robert 9213 SW 136 ST circle MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S ABRAHAM, KATHLEEN 9268 SW 136 STR CIR MIAMI, FL 33176	<input type="checkbox"/> Delete	D Beach, Ellen 9217 SW 136 st circle MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D ROECK, DON 9211 SW 136 ST CIR MIAMI, FL 33176	<input type="checkbox"/> Delete	D Sanchez, Alex 9208 SW 136 st circle MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P WAYNE, BARBARA 9285 SW 136 ST CIRCLE MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	D Hall, Sean 9209 SW 136 st circle MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D CAMPA, EVELYN 29240 SW 136 ST CIR MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	D Fye, Dan 9224 SW 136 st circle MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D WAYNE, BARBARA 9285 SW 136 st. circle MIAMI, FL 33176	<input type="checkbox"/> Delete	D Wayne, Barbara 9285 SW 136 st. circle MIAMI, FL 33176 <input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-21-2007 (305) 255-1195 <small>Daytime Phone #</small>	

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