


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90054 039 \*\*\*\*61.25

<b>DOCUMENT # 729347</b>					
<b>1. Entity Name</b> BRIAR BAY TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9283 SW 136TH ST CIRCLE MIAMI, FL 33176 US			<b>Mailing Address</b> 13800 SW 144 AV RD MIAMI, FL 33186 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-1665509	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SUITS, STEPHEN E 13800 SW 144 AVE. RD. MIAMI, FL 33186			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> FELTMAN, ROBERT <b>STREET ADDRESS</b> 9273 SW 136 ST CIRCLE <b>CITY-ST-ZIP</b> MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Wayne, Barbara <b>STREET ADDRESS</b> 9285 SW 136 ST CIR <b>CITY-ST-ZIP</b> MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GONZALEZ, RACHEL <b>STREET ADDRESS</b> 9241 SW 136 ST CIR <b>CITY-ST-ZIP</b> MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ABRAHAM, KATHLEEN <b>STREET ADDRESS</b> 9268 SW 136 ST CIR <b>CITY-ST-ZIP</b> MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> ABRAHAM, KATHLEEN <b>STREET ADDRESS</b> 9268 SW 136 STR CIR <b>CITY-ST-ZIP</b> MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> HALL, SEAN <b>STREET ADDRESS</b> 9209 SW 136 ST CIR <b>CITY-ST-ZIP</b> MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> ROECK, DON <b>STREET ADDRESS</b> 9211 SW 136 ST CIR <b>CITY-ST-ZIP</b> MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> FYE, DAN <b>STREET ADDRESS</b> 9224 SW 136 ST CIR <b>CITY-ST-ZIP</b> MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WAYNE, BARBARA <b>STREET ADDRESS</b> 9285 SW 136 ST CIRCLE <b>CITY-ST-ZIP</b> MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SUNDBERG, YVONNE <b>STREET ADDRESS</b> 9283 SW 136 ST CIR <b>CITY-ST-ZIP</b> MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BEACH, ELLEN <b>STREET ADDRESS</b> 9217 SW 136 ST CIRCLE <b>CITY-ST-ZIP</b> MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> CAMPA, EVELYN <b>STREET ADDRESS</b> 9240 SW 136 ST CIR <b>CITY-ST-ZIP</b> MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Barbara Wayne</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/23/08 305-253-0986 <small>Date Daytime Phone #</small>		

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