

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90008 007 ****61.25

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01112007 Chg-NP CR2E037 (12/06)

DOCUMENT #736417 1. Entity Name BRIAR VILLAGE HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business % THE FOSTER CO 12396 SW 82 AVE MIAMI, FL 33156		Mailing Address % THE FOSTER CO 12396 SW 82 AVE MIAMI, FL 33156	
2. Principal Place of Business - No P.O. Box # 9000 SW 152nd Street		3. Mailing Address 9000 SW 152nd Street	
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33157		Zip 33157	
Country USA		Country USA	
4. FEI Number 59-2548707		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE #1102 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name ROGER MERRITT Street Address (P.O. Box Number is Not Acceptable) 300 - 41 STREET, SUITE 218 City MIAMI BEACH FL Zip Code 33140	
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 <i>Roger Merritt</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Roger Merritt <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 3/15/07			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FATORA, ROBERT 9368 SW 132 ST MIAMI, FL 33176	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASE, SUE 9208 SW 132 ST MIAMI, FL 33176	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COELHO, NICOLE 9364 SW 132 ST MIAMI, FL 33176	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANSEN, BEATRIX 9209 SW 130TH STREET MIAMI, FL 33176	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARCUS, JANE 9205 SW 130TH ST MIAMI, FL 33176	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARCUS, JANE 9205 SW 130TH ST MIAMI, FL 33176	<input type="checkbox"/> Delete	<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: <i>Beatrix Jansen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date March 6, 2007	
Daytime Phone # 805-255-5442			