

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90044 042 ****61.25

DOCUMENT # 737690

1. Entity Name

THE BRIER PATCH PROPERTY OWNERS ASSOCIATION, INC.



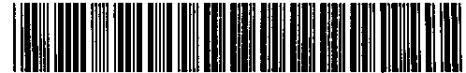
Principal Place of Business

**11868 BRIER PATCH COURT
WEST PALM BCH FL 33414
US**

Mailing Address

**11868 BRIER PATCH COURT
WEST PALM BCH FL 33414
US**

34004400



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WELLINGTON, FL.

City & State

WELLINGTON, FL.

4. FEI Number

59-1807004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHAMPLIN, EARL S.
1882 OAK BERRY CIRCLE
WELLINGTON FL 33414**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	LETORNEAU, KATHLEEN	<input type="checkbox"/> Delete
NAME		11894 BRIER PATCH CT.	
STREET ADDRESS		WELLINGTON FL 33414	
CITY-ST-ZIP			
TITLE	PD	GRACE, ROBERT	<input checked="" type="checkbox"/> Delete
NAME		1600 BRIER PATCH TRAIL	
STREET ADDRESS		WELLINGTON FL 33414	
CITY-ST-ZIP			
TITLE	ST	CHAMPLIN, EARL	<input checked="" type="checkbox"/> Delete
NAME		1882 OAK BERRY CIRCLE	
STREET ADDRESS		WELLINGTON FL 33414	
CITY-ST-ZIP			
TITLE	VD	CHRISTENSEN, MARION	<input checked="" type="checkbox"/> Delete
NAME		11864 BRIER PATCH CT	
STREET ADDRESS		WELLINGTON FL 33414	
CITY-ST-ZIP			
TITLE	D	GADEA, SUSAN	<input type="checkbox"/> Delete
NAME		11862 BRIER PATCH CT.	
STREET ADDRESS		WELLINGTON FL 33414	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	LETORNEAU, KATHLEEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		11894 BRIER PATCH CT.	
STREET ADDRESS		WELLINGTON, FL 33414	
CITY-ST-ZIP			
TITLE	PD	GRACE, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		11895 BRIER PATCH CT.	
STREET ADDRESS		WELLINGTON, FL 33414	
CITY-ST-ZIP			
TITLE	VD	SYLVESTER, ELIZABETH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		11893 BRIER PATCH CT.	
STREET ADDRESS		WELLINGTON, FL 33414	
CITY-ST-ZIP			
TITLE	D	PENA, LUIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		11847 BRIER PATCH CT.	
STREET ADDRESS		WELLINGTON, FL 33414	
CITY-ST-ZIP			
TITLE	SD	GADEA, SUSAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		11862 BRIER PATCH CT.	
STREET ADDRESS		WELLINGTON, FL 33414	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donna Noboa **3-8-04** **9349749088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #