


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90047 029 \*\*\*\*61.25

<b>DOCUMENT # 737690</b>					
1. Entity Name THE BRIER PATCH PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 11868 BRIER PATCH COURT WELLINGTON, FL 33414 US			Mailing Address 11868 BRIER PATCH COURT WELLINGTON, FL 33414 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1807004	
				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			7. Name and Address of New Registered Agent		
CHAMPLIN, EARL S. 1882 OAK BERRY CIRCLE WELLINGTON, FL 33414			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETOURNEAU, KATHLEEN		NAME	LETOURNEAU, KATHLEEN	
STREET ADDRESS	11894 BRIER PATCH CT.		STREET ADDRESS	11894 BRIER PATCH CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOBOA, DONNA		NAME	CANO, WIDMARK	
STREET ADDRESS	11895 BRIER PATCH COURT		STREET ADDRESS	11843 BRIER PATCH CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYLVESTER, ELIZABETH		NAME	BRIGHT, JESSICA	
STREET ADDRESS	11893 BRIER PATCH CT.		STREET ADDRESS	11864 BRIER PATCH CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIS, PENA		NAME	SCHIETZ, EHUD	
STREET ADDRESS	11847 BRIER PATCH CT.		STREET ADDRESS	11888 BRIER PATCH CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GADEA, SUSAN		NAME	MAFFETONE, JESSICA	
STREET ADDRESS	11862 BRIER PATCH CT.		STREET ADDRESS	11892 BRIER PATCH CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILMARTIN, BETH		NAME		
STREET ADDRESS	11892 BRIER PATCH COURT		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
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>Kathleen J. Letourneau</i>			Date: 1/30/06 (Seal) 358-0926		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Telephone #</small>		