

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 737690**

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**



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1807004</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LETOURNEAU, KATHLEEN 11894 BRIER PATCH CT. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANO, WIDMARK 11843 BRIER PATCH CT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAROCQUE, JOHN 11893 BRIER PATCH CT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLTA, SAMIR 11890 BRIER PATCH CT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PROTO, BLASE 11834 BRIER PATCH CT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000832763  
 02/27/08-80072-014 61.25

**DO NOT WRITE IN THIS SPACE**

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 *Kathleen Letourneau*  
 KATHLEEN LETOURNEAU

2/13/08  
 DATE

561- 793-8459  
 DAYTIME PHONE #