

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737690

FILED
Mar 02, 2009
Secretary of State

Entity Name: THE BRIER PATCH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11868 BRIER PATCH COURT
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

11868 BRIER PATCH COURT
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-1807004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KANE, DONNA
1882 LINDSEY COURT
WELLINGTON, FL 33414 US

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.

SIGNATURE: DONNA KANE

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LETOURNEAU, KATHLEEN
Address: 11894 BRIER PATCH CT.
City-St-Zip: WELLINGTON, FL 33414

Title: PD () Delete
Name: CANO, WIDMARK
Address: 11843 BRIER PATCH CT
City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete
Name: LAROCQUE, JOHN
Address: 11893 BRIER PATCH CT
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: KOLTA, SAMIR
Address: 11890 BRIER PATCH CT
City-St-Zip: WELLINGTON, FL 33414

Title: TD (X) Delete
Name: PROTO, BLASE
Address: 11834 BRIER PATCH CT
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WIDMARK CANO

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date