

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90033 006 ****61.25

DOCUMENT # 751015

1. Entity Name
BRIAR BAY PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**15600 SW 288 STREET, SUITE 406
HOMESTEAD, FL 33092 US**

Mailing Address
**15600 SW 288 STREET, SUITE 406
HOMESTEAD, FL 33092 US**

60026121



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

13800 SW 144 Ave Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

Miami, FL

4. FEI Number
59-2168871

Applied For
Not Applicable

Zip

Country

Zip

Country

33186

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRISCHER, STEVEN
7600 RED ROAD, SUITE 224
SOUTH MIAMI, FL 33143**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ☐ Delete
NAME **D**
STREET ADDRESS **ARMSTRONG, BEV**
CITY-ST-ZIP **13001 SW 95TH AVE
MIAMI, FL 33176**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SOLOMON, VICKI**
CITY-ST-ZIP **13101 SW 95TH AVE
MIAMI, FL 33176**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DESIREE, LIRA**
CITY-ST-ZIP **13221 SW 95TH AVE
MIAMI, FL 33176**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ARMSTRONG, BEV**
CITY-ST-ZIP **13001 SW 95 AVE
MIAMI, FL 33176**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SCHWEITZER, KIM**
CITY-ST-ZIP **13113 SW 95 AVE
MIAMI, FL 33176**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MEAGHER, RAY**
CITY-ST-ZIP **13051 SW 72 AVE
MIAMI, FL 33156**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14 APR 2007