2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State
01-20-2006 90033 035 ****61.25

DOCUMENT # 753288

1. Entity Name
BRIARWOOD VILLAS CONDOMINIUM OWNERS' ASSOCIATION,INC.

Principal Place of Business	Mailing Address
1931 VANPELT ROAD SEBRING, FL 33870 US	1931 VANPELT ROAD SEBRING, FL 33870 US

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
3706-3720	3734 ALMERIA AVENUE
Suite, Apt. #, etc. VILABELLA DRIVE	Suite, Apt. #, etc. SEBRING
City & State SEBRING, FL	City & State FL
Zip / Country 33872 / USA	Zip / Country 33872 / USA

4. FEI Number
59-2122419
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, BETTY J
1931 VANPELT ROAD
SEBRING, FL 33870

7. Name and Address of New Registered Agent

Name: ARNOLD, ROXANNE
Street Address (P.O. Box Number is Not Acceptable): 3734 ALMERIA AVENUE
City: SEBRING **FL** Zip Code: 33872

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: Roxanne Arnold, Secretary/Treasurer 01-18-06
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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BURTON, ROBERT BOX 70 BAYSVILLE, ON	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MADURA, HENRY 204 MAPLE LANE N. SYRACUSE, NY 13212	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, FRED I 1931 VANPELT ROAD SEBRING, FL 33870	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARROLL, ELIZABETH PO BOX 7868 SEBRING, FL 33871	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CARROLL, ELIZABETH 3716 VILABELLA DR SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ARNOLD, ROXANNE 3734 ALMERIA AVENUE SEBRING, FL 33872-2301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Roxanne Arnold ROXANNE ARNOLD 01-18-06 954-298-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #