

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90195 028 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # 753288</b>   |   |  |   |  |  |
| <b>1. Entity Name</b><br>BRIARWOOD VILLAS CONDOMINIUM OWNERS' ASSOCIATION, INC.  |   |  |   |  |  |
| <b>Principal Place of Business</b><br>3706-3720<br>VILABELLA DR<br>SEBRING, FL 33872 US  |   |  | <b>Mailing Address</b><br>3734 ALMERIA AVE<br>SEBRING, FL 33872 US  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |   | <b>3. Mailing Address</b><br>3310 SUNRISE DR   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| <b>City &amp; State</b>  |   | <b>City &amp; State</b><br>Sebring, FL   |   | <b>4. FEI Number</b><br>59-2122419   |  |
| <b>Zip</b>   |   | <b>Country</b><br>33872 U.S.A.   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>ARNOLD, ROXANNE<br>3734 ALMERIA AVE<br>SEBRING, FL 33872   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>Roseann P. Klocke</u><br>Street Address (P.O. Box Number is Not Acceptable):<br>3310 SUNRISE DR<br>City: <u>Sebring</u> <u>FL</u> Zip Code: <u>33872</u> |  |  |
| <b>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.</b><br>SIGNATURE: <u>Roseann P. Klocke</u> DATE: <u>5-23-08</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>MADURA, HENRY<br>204 MAPLE LN<br>SYRACUSE, NY 13212 <input type="checkbox"/> Delete                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>CARROLL, ELIZABETH<br>PO BOX 7868<br>SEBRING, FL 33871 <input checked="" type="checkbox"/> Delete        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>ALBERT, ERNEST<br>2131 LAKEVIEW DR. #810<br>Sebring, FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>CARROLL, ELIZABETH<br>3716 VILABELLA DR<br>SEBRING, FL 33870 <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>CARROLL, ELIZABETH<br>1030 FOX MEADOW TRAIL<br>MIDDLEBURG, FL 32068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>ARNOLD, ROXANNE<br>3734 ALMERIA AVE<br>SEBRING, FL 338722301 <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>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.</b> |   |  |   |  |  |
| <b>SIGNATURE:</b> <u>Ernest Albert</u>   |   |  | 5-23-08 863-382-9192  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | <small>Date Daytime Phone #</small>   |  |  |