

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90019 024 \*\*\*\*61.25

**DOCUMENT # 753975**

1. Entity Name

**BRIARWOODS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

PO BOX 36  
ARIPEKA FL 34679

Mailing Address

PO BOX 36  
ARIPEKA FL 34679



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2052123

Applied For

Not Applicable

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

**LARKE, KEITH**  
**18624 WHITE PINE CIRCLE**  
**HUDSON FL 34667**

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

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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 P ☐ Delete  
NAME LARKE, KEITH  
STREET ADDRESS 18624 WHITE PINE CIRCLE  
CITY-ST-ZIP HUDSON FL 34667

TITLE S ☐ Delete  
NAME BIRKETT, ALAN  
STREET ADDRESS 10126 BRIAR CIR  
CITY-ST-ZIP HUDSON FL 34667

TITLE T ☐ Delete  
NAME PAYNTAR, ISABELLA  
STREET ADDRESS 10148 BRIAR CIR  
CITY-ST-ZIP HUDSON FL 34667

TITLE D ☐ Delete  
NAME CARLSON, JOHN MR  
STREET ADDRESS 18627 WHITE PINE CIRCLE  
CITY-ST-ZIP HUDSON FL 34667

TITLE D ☐ Delete  
NAME BURDETTE, DOUGLAS  
STREET ADDRESS 10132 BRIER CIR.  
CITY-ST-ZIP HUDSON FL 34667

TITLE D ☐ Delete  
NAME BLOEDEL, SANDY MRS  
STREET ADDRESS 18743 WHITE PINE LANE  
CITY-ST-ZIP HUDSON FL 34667

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice Pres. ☐ Change ☒ Addition  
NAME PEREIRA, Eduardo  
STREET ADDRESS 18628 White Pine Circle  
CITY-ST-ZIP Hudson Fl 34667

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Section 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:**