2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# 753975

Entity Name: BRIARWOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 36
ARIPEKA, FL 34679

New Principal Place of Business:

18624 WHITE PINE CIRCLE
HUDSON, FL 34667

Current Mailing Address:

PO BOX 36
ARIPEKA, FL 34679

New Mailing Address:

FEI Number: 59-2052123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LARKE, KEITH	
Address:	18624 WHITE PINE CIRCLE	
City-St-Zip:	HUDSON, FL 34667	
Title:	S	( ) Delete
Name:	BIRKETT, ALAN	
Address:	10126 BRIAR CIR	
City-St-Zip:	HUDSON, FL 34667	
Title:	T	( ) Delete
Name:	PAYNTAR, ISABELLA	
Address:	10148 BRIAR CIR	
City-St-Zip:	HUDSON, FL 34667	
Title:	D	( ) Delete
Name:	CARLSON, JOHN MR	
Address:	18627 WHITE PINE CIRCLE	
City-St-Zip:	HUDSON, FL 34667	
Title:	D	( ) Delete
Name:	BURDETTE, DOUGLAS	
Address:	10132 BRIER CIR.	
City-St-Zip:	HUDSON, FL 34667	
Title:	D	( ) Delete
Name:	BLOEDEL, SANDY MRS	
Address:	18743 WHITE PINE LANE	
City-St-Zip:	HUDSON, FL 34667	

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:	VP	(X) Change ( ) Addition
Name:	CARLSON, JOHN MR	
Address:	18627 WHITE PINE CIRCLE	
City-St-Zip:	HUDSON, FL 34667	
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: ISABELLA N. PAYNTAR TREA 03/05/2009

Electronic Signature of Signing Officer or Director — Date