

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753975

FILED
Jan 05, 2011
Secretary of State

Entity Name: BRIARWOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9109 LACRUZ CT.
NEW PORT RICHEY, FL 34655

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
Name: LARKE, KEITH
Address: 18624 WHITE PINE CIRCLE
City-St-Zip: HUDSON, FL 34667

Title: S
Name: BIRKETT, ALAN
Address: 10126 BRIAR CIR
City-St-Zip: HUDSON, FL 34667

Title: T
Name: MCNALLY, FLORENCE
Address: 18632 WHITE PINE CIRCLE
City-St-Zip: HUDSON, FL 34667

Title: VP
Name: CARLSON, JOHN MR
Address: 18627 WHITE PINE CIRCLE
City-St-Zip: HUDSON, FL 34667

Title: D
Name: LEONE, KEN
Address: 18737 WHITEROCK LANE
City-St-Zip: HUDSON, FL 34667

Title: D
Name: BLOEDEL, SANDY MRS
Address: 18743 WHITE PINE LANE
City-St-Zip: HUDSON, FL 34667

I hereby 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 all other like empowered.

SIGNATURE: KEITH LARKE

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date