


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90098 016 ****61.25

DOCUMENT # 755148	
1. Entity Name BRIARWINDS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 13250 SW 135 AVE MIAMI, FL 33186 US	Mailing Address C/O THE FOSTER COMPANY 12396 SOUTHWEST 82 AVENUE MIAMI, FL 33156 US
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40038717



2. Principal Place of Business - No P.O. Box # 9000 SW 152 102 Street	3. Mailing Address 9000 SW 152 102 Street
Suite, Apt. #, etc. A102	Suite, Apt. #, etc. A 102

01112007 Chg-NP CR2E037 (12/06)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33157	Country USA

4. FEI Number 59-2100227	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 MIAMI, FL 33134	
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7. Name and Address of New Registered Agent	
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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME ARNETT, SUSAN	
STREET ADDRESS 13000 S.W. 92 AVE. B404	
CITY-ST-ZIP MAIMI, FL 33176	
TITLE D	<input type="checkbox"/> Delete
NAME ROEMER, ELAINE	
STREET ADDRESS 13000 SW 92 AVENUE, B207	
CITY-ST-ZIP MIAMI, FL 33176	
TITLE VP	<input type="checkbox"/> Delete
NAME JOHN ROTH, DAVID	
STREET ADDRESS 13020 SW 92 AVE A 309	
CITY-ST-ZIP MIAMI, FL 33176	
TITLE SP	<input type="checkbox"/> Delete
NAME PRUETT, DEVON C	
STREET ADDRESS 13020 SW 92 AVE A 307	
CITY-ST-ZIP MIAMI, FL 33176	
TITLE D	<input type="checkbox"/> Delete
NAME BOELKE, LESA	
STREET ADDRESS 13020 SW 92 AVE A 211	
CITY-ST-ZIP MIAMI, FL 33176	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Susan K. Arnett, President Susan K. Arnett 305-772-6772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/1/07