

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755148

FILED
Apr 09, 2009
Secretary of State

Entity Name: BRIARWINDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9000 SW 152ND ST
#102
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

9000 SW 152ND ST
#102
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 59-2100227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
MIAMI, FL 33134 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: PD () Delete
Name: ARNETT, SUSAN
Address: 13000 S.W. 92 AVE. B404
City-St-Zip: MAIMI, FL 33176

Title: D () Delete
Name: JOHN ROTH, DAVID
Address: 13020 SW 92 AVE A 309
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: PRUETT, DEVON C
Address: 13020 SW 92 AVE A 307
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: CHIARENZA, JOHN
Address: 1302 SW 92 AVE A-311
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: SUAREZ, DANIEL
Address: 13020 SW 92 AVE A-312
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHIARENZA, JOHN
Address: 13000 S.W. 92 AVE. B404
City-St-Zip: MAIMI, FL 33176

Title: D (X) Change () Addition
Name: ROTH, DAVID J
Address: 13020 SW 92 AVE A 309
City-St-Zip: MIAMI, FL 33176

Title: TD (X) Change () Addition
Name: SUAREZ, DANIEL
Address: 13020 SW 92 AVE A 312
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change () Addition
Name: LESCHHORN, HILDEGARDE
Address: 13020 SW 92 AVE B-412
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change () Addition
Name: SABBAG, THERESA
Address: 13020 SW 92 AVE A-409
City-St-Zip: MIAMI, FL 33176

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: JOHN CHIARENZA

PD

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date