


# ANNUAL REPORT

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90035 016 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # 759194</b><br>1. Entity Name<br><b>BRIARWOOD MANOR HOMEOWNERS ASSOCIATION, INC.</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>110 BRIARWOOD LANE</b><br><b>COCOA FL, 32926 US</b> | Mailing Address<br><b>110 BRIARWOOD LANE</b><br><b>COCOA FL, FL 32926 US</b> |
|---|--|



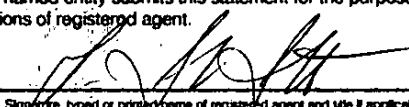
|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

02212005 Chg-NP CR2E037 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2888683</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br><b>STEWART, RENE</b><br><b>110 BRIARWOOD LANE</b><br><b>COCOA, FL 32926</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|--|---|

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  Rene S. Stewart, Secretary 2-21-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|---|---|---|
| TITLE NAME                 | P HUMPHRYS, DONALD <input checked="" type="checkbox"/> Delete | TITLE NAME  | President Ray Haverkos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 107 BRIARWOOD LANE  | STREET ADDRESS  | 119 Briarwood Ln.   |
| CITY-ST-ZIP                | COCOA, FL 32926   | CITY-ST-ZIP   | Cocoa, FL 32926   |
| TITLE NAME                 | D WARD, HELEN <input checked="" type="checkbox"/> Delete      | TITLE NAME  | Director Miton Ham <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| STREET ADDRESS             | 128 BRIARWOOD LANE  | STREET ADDRESS  | 122 Briarwood Ln  |
| CITY-ST-ZIP                | COCOA, FL 32926   | CITY-ST-ZIP   | Cocoa, FL 32926   |
| TITLE NAME                 | VP SWANGER, LARRY <input checked="" type="checkbox"/> Delete  | TITLE NAME  | VP Rena Mercadante <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| STREET ADDRESS             | 3785 N. INDIAN RIVER DR.                                      | STREET ADDRESS  | 108 Briarwood Ln  |
| CITY-ST-ZIP                | COCOA, FL 32926   | CITY-ST-ZIP   | Cocoa, FL 32926   |
| TITLE NAME                 | D HAVERKOS, RAY <input checked="" type="checkbox"/> Delete    | TITLE NAME  | Director Dee Loadholtz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 119 BRIARWOOD LN  | STREET ADDRESS  | 111 Briarwood Ln  |
| CITY-ST-ZIP                | COCOA, FL 32926   | CITY-ST-ZIP   | Cocoa, FL 32926   |
| TITLE NAME                 | T SELLARS, ROBERT <input type="checkbox"/> Delete             | TITLE NAME  |   |
| STREET ADDRESS             | 113 BRIARWOOD LN  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | COCOA, FL   | CITY-ST-ZIP   |   |
| TITLE NAME                 | S STEWART, RENE <input type="checkbox"/> Delete               | TITLE NAME  |   |
| STREET ADDRESS             | 110 BRIARWOOD LANE  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | COCOA, FL 32926   | CITY-ST-ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Rene S. Stewart Sect 2-21-05 321-632 2819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #