



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 038 ****61.25

DOCUMENT # 759194 1. Entity Name BRIARWOOD MANOR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 110 BRIARWOOD LANE COCOA, FL 32926 US			Mailing Address 110 BRIARWOOD LANE COCOA, FL 32926 US		
2. Principal Place of Business - No P.O. Box # 116 Briarwood Lane		3. Mailing Address 116 Briarwood Lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City, State Cocoa FL		City & State Cocoa, FL			
Zip 32926		Country Brevard		4. FEI Number 59-2888683	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STEWART, RENE 110 BRIARWOOD LANE COCOA, FL 32926			7. Name and Address of New Registered Agent Name Robert Sellars Street Address (P.O. Box Number is Not Acceptable) 116 Briarwood Lane City Cocoa FL Zip Code 32926		
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 <u>Robert Sellars</u> <u>Robert Sellars</u> <u>7 April, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EISLER, ANDREW 112 BRIARWOOD LN COCOA, FL 32926	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VACANT TBD @ next meeting	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAM, MILTON 122 BRIARWOOD LN COCOA, FL 32926	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWONGER, JAMES 3795 NORTH INDIAN RIVER DR. COCOA, FL 32926	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, HARRELL 125 BRIARWOOD CT COCOA, FL 32926	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELLARS, ROBERT 116 BRIARWOOD LN COCOA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 116 Briarwood Lane	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, RENE 110 BRIARWOOD LANE COCOA, FL 32926	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VACANT TBD @ next meeting	
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: <u>Robert Sellars</u> Robert Sellars			Date <u>7 April, 2008</u> Daytime Phone # <u>321-639-9813</u>		