

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759194

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: BRIARWOOD MANOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

116 BRIARWOOD LANE  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

116 BRIARWOOD LANE  
COCOA, FL 32926 US

**New Mailing Address:**

FEI Number: 59-2888683      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERT, SELLARS  
116 BRIARWOOD LANE  
COCOA, FL 32926 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: D ( ) Delete  
Name: HAM, MILTON  
Address: 122 BRIARWOOD LN  
City-St-Zip: COCOA, FL 32926

Title: VP ( ) Delete  
Name: SWONGER, JAMES  
Address: 3795 NORTH INDIAN RIVER DR.  
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete  
Name: CUNNINGHAM, HARRELL  
Address: 125 BRIARWOOD CT  
City-St-Zip: COCOA, FL 32926

Title: T ( ) Delete  
Name: SELLARS, ROBERT  
Address: 116 BRIARWOOD LANE  
City-St-Zip: COCOA, FL 32926

Title: S ( ) Delete  
Name: STEWART, RENE'  
Address: 110 BRIARWOOD LANE  
City-St-Zip: COCOA, FL 32926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: FRAZA, DALE J  
Address: 107 BRIARWOOD LN  
City-St-Zip: COCOA, FL 32926

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: LYNNE, HILL  
Address: 123 BRIARWOOD CT  
City-St-Zip: COCOA, FL 32926

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RAY, HAVERKOS  
Address: 119 BRIARWOOD LANE  
City-St-Zip: COCOA, FL 32926

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: DALE J. FRAZA

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date