

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90289 016 ****61.25

DOCUMENT # 762568	
1. Entity Name BRIARWOOD CLUB OPERATING ASSOCIATION, INC.	

Principal Place of Business 3465 BROKEN WOODS DRIVE CORAL SPRINGS, FL 33065	Mailing Address 3465 BROKEN WOODS DRIVE CORAL SPRINGS, FL 33065
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14011000



04072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2186818	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DECKER, WILLIAM 9101 W. SAMPLE RD. CORAL SPRINGS, FL 33065	

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 _____ DATE _____

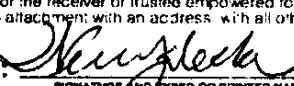
Signature, typed or printed name of registered agent and the 1550-0367 (Official Registered Agent's signature is required on this statement)

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE SD	☐ Delete
NAME DALRYMPLE, ANNE	
STREET ADDRESS 3535 BROKEN WOODS DRIVE	
CITY-STATE-ZIP CORAL SPRINGS, FL 33065	
TITLE VPD	☒ Delete
NAME BOWLEY, EDWARD	
STREET ADDRESS 3575 BROKEN WOODS DR.	
CITY-STATE-ZIP CORAL SPRINGS, FL 33065	
TITLE PD	☐ Delete
NAME DECKER, WILLIAM	
STREET ADDRESS 9101 W SAMPLE ROAD	
CITY-STATE-ZIP CORAL SPRINGS, FL 33065	
TITLE D	☒ Delete
NAME ANDERSON, MARGUERITE	
STREET ADDRESS 3475 BROKEN WOODS DR.	
CITY-STATE-ZIP CORAL SPRINGS, FL 33065	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☒ Change ☒ Addition
NAME	James Manion
STREET ADDRESS	3575 BrokenWoods Dr.
CITY-STATE-ZIP	Coral Springs Fl. 33065
TITLE	☒ Change ☐ Addition
NAME	Vice President
STREET ADDRESS	Decker, William
CITY-STATE-ZIP	
TITLE	☐ Change ☒ Addition
NAME	Director
STREET ADDRESS	Mary Hopcroft
CITY-STATE-ZIP	3475 Broken Woods Dr.
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:  **4/26/05 984 752-2131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR