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	Mailing Address
3465 BROKEN WOODS DRIVE CORAL SPRINGS, FL 33065	3465 BROKEN WOODS DRIVE CORAL SPRINGS, FL 33065

14011800

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

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	7. Name and Address of New Registered Agent
DECKER, WILLIAM 9101 W. SAMPLE RD. CORAL SPRINGS, FL 33065	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DALRYMPLE, ANNE 3535 BROKEN WOODS DRIVE CORAL SPRINGS, FL 33065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOWLEY, EDWARD 3575 BROKEN WOODS DR. CORAL SPRINGS, FL 33065 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director James Manion 3575 BrokenWoods Dr. Coral Springs Fl. 33065 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DECKER, WILLIAM 9101 W SAMPLE ROAD CORAL SPRINGS, FL 33065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Decker, William ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, MARGUERITE 3475 BROKEN WOODS DR. CORAL SPRINGS, FL 33065 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mary Hopcroft 3475 Broken Woods Dr. Coral Spring Fl. 33065 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/26/05 954 752-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #