## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT #762568 04-30-2007 90477 038 \*\*\*\*61.25 BRIARWOOD CLUB OPERATING ASSOCIATION, INC. Principal Place of Business Mailing Address 3465 BROKEN WOODS DRIVE 3465 BROKEN WOODS DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 04122007 Chg-NP CR2E037 (12/06) City & State 4. FEI Numbe City & State Applied For 59-2186818 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALFOUR, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3535 BROKEN WOODS DR POMPANO BEACH, FL 33065 City Zip Code FI 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 insertions interference of agreeding mand the finos come $\times$ 16.14. Regards of expending product equal of values of a total rgs 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE PΠ TITLE XI Delete ☐ Change ☐ Addition NAME MANION, JAMES NAME 3575 BROKENWOODS DR STREET ADDRESS STREET ADORESS CITY ST ZIP CORAL SPRINGS, FL 33065 CITY ST ZIP VP TITLE ☐ Delete TITLE President/d Change ☐ Addition LAME BALFOUR, ROBERT NAME Robert Balfour 3535 BROKENWOODS DR STREET ADDRESS STREET ADDRESS 3535 Broken Woods Dr. CITY ST ZIP POMPANO BEACH, FL 33065 CITY ST ZIP Coral Springs fl. 33065 SD TITLE Delete TITLE Addition Vice Pres/d NAME NAME HOPCROFT, MARY Robert Tully STREET ADDRESS 3475 BROKENWOODS DR STREET ADDRESS 3475 Broken Woods Dr. CITY ST ZIP CORAL SPRINGS, FL 33065 CITY ST ZIP CoralSprings fl. 33065 TITLE ■ Delete TITLE Addition **X** S/d Gloria Patrone SZCZEPANKIEWCY, GREGORY LAME NAME 9101 W SAMPLE RD STREET ADDRESS STREET ADDRESS 3575 Broken Woods Dr. CITY ST ZH POMPANO BEACH, FL 33065 CITY ST ZIP Coral springs fl. 33065 Addition TITLE ☐ Delete TITLE LAME NAME Jennie Martin STREET ADDRESS STREET ADORESS 9101 W. Sample Rd. CITY ST ZIP CITY ST ZIP Coral Sprigns Fl. 33065 Change TITLE Delete TITLE Addition ched 5781 NAME LAME STREET ADDRESS STREET ADDRESS CITY ST 789 CITY ST ZIP 12. Thereby certify that the information supplied with this filling 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 true empowered to secure 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 appears, with protection of the chapter 617. Florida Statutes and that my name appears in Block 10 or Block 11 if changed.

SIGNATURE:

**FILED**