

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90477 038 \*\*\*\*61.25

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # 762568</b>   |   |  |   |   |  |
| <b>1. Entity Name</b><br><b>BRIARWOOD CLUB OPERATING ASSOCIATION, INC.</b>   |   |  |   |   |  |
| <b>Principal Place of Business</b><br>3465 BROKEN WOODS DRIVE<br>CORAL SPRINGS, FL 33065   |   |  | <b>Mailing Address</b><br>3465 BROKEN WOODS DRIVE<br>CORAL SPRINGS, FL 33065      |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |   | <b>3. Mailing Address</b>  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State   |   |   |  |
| Zip  | Country   | Zip  | Country   | <b>4. FEI Number</b><br><b>59-2186818</b> |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |  |   | <b>\$8.75 Additional Fee Required</b>     |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>                                |   |  |
| <b>BALFOUR, ROBERT</b><br><b>3535 BROKEN WOODS DR</b><br><b>POMPANO BEACH, FL 33065</b>  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>   |   |  |   |   |  |
| <b>SIGNATURE</b> _____   |   |  |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>        |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                      |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b>   | <b>PD</b><br><b>MANION, JAMES</b><br><b>3575 BROKENWOODS DR</b><br><b>CORAL SPRINGS, FL 33065</b>       | <input checked="" type="checkbox"/> Delete   |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b>   | <b>VP</b><br><b>BALFOUR, ROBERT</b><br><b>3535 BROKENWOODS DR</b><br><b>POMPANO BEACH, FL 33065</b>     | <input type="checkbox"/> Delete  |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b>   | <b>SD</b><br><b>HOPCROFT, MARY</b><br><b>3475 BROKENWOODS DR</b><br><b>CORAL SPRINGS, FL 33065</b>      | <input checked="" type="checkbox"/> Delete   |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b>   | <b>D</b><br><b>SZCZEPANKIEWCY, GREGORY</b><br><b>9101 W SAMPLE RD</b><br><b>POMPANO BEACH, FL 33065</b> | <input checked="" type="checkbox"/> Delete   |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b>   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b>   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b>   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY ST ZIP</b>   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |   |   |  |
| <b>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 or other like empowered.</b> |   |  |   |   |  |
| <b>SIGNATURE:</b> _____  |   | 4/24/07 954-752-2131   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  |   |   |  |