


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90067 027 \*\*\*\*61.25

DOCUMENT # 762568		
1. Entity Name <b>BRIARWOOD CLUB OPERATING ASSOCIATION, INC.</b>		
Principal Place of Business <b>3465 BROKEN WOODS DRIVE CORAL SPRINGS, FL 33065</b>	Mailing Address <b>3465 BROKEN WOODS DRIVE CORAL SPRINGS, FL 33065</b>	



04112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2186818</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BALFOUR, ROBERT 3535 BROKEN WOODS DR POMPANO BEACH, FL 33065</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 of the person who is changing the registered office or registered agent, or both, in the State of Florida. If the registered agent is a corporation, the signature of the president or other officer or director of the corporation.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BALFOUR, ROBERT 3535 BROKENWOODS DR POMPANO BEACH, FL 33065
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD TULLY, ROBERT 3475 BROKEN WOODS DR CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY ST ZIP	SD PATRONE, GLORIA 3575 BROKEN WOODS DR CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY ST ZIP	D MARTIN, JENNIE 9101 W. SAMPLE RD CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 a address, email or other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ch 5971-4/16*

*4/16/08*