2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 762568

Entity Name: BRIARWOOD CLUB OPERATING ASSOCIATION, INC.

Current Principal Place of Business:

3465 BROKEN WOODS DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3465 BROKEN WOODS DRIVE
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 59-2186818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALFOUR, ROBERT
3535 BROKEN WOODS DR
POMPANO BEACH, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BALFOUR, ROBERT
Address: 3535 BROKENWOODS DR
City-St-Zip: POMPANO BEACH, FL 33065

Title: VPD ( ) Delete
Name: TULLY, ROBERT
Address: 3475 BROKEN WOODS DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD ( ) Delete
Name: PATRONE, GLORIA
Address: 3575 BROKEN WOODS DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: MARTIN, JENNIE
Address: 9101 W. SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN SCAVONE MGR 04/16/2009

Electronic Signature of Signing Officer or Director — Date