

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90190 040 \*\*\*\*61.25

**DOCUMENT # N00000003979**

1. Entity Name  
BRIAR PATCH VILLAGE OF SEVEN SPRINGS  
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
6234 GRAND BLVD  
NEW PORT RICHEY, FL 34652

Mailing Address  
PO BOX 1119  
ELFERS, FL 34680

50036481



2. Principal Place of Business  
9108 US 19

3. Mailing Address  
9108 US 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005 Chg-NP CR2E037 (10/03)

City & State  
PORT RICHEY, FL 34668 US

City & State  
PORT RICHEY, FL 34668 US

4. FEI Number  
59-3696650

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BUERKERT-LCAM, MARIE C  
9108 US 19  
PRUDENTIAL TROPICAL REALTY  
PORT RICHEY, FL 34668

**7. Name and Address of New Registered Agent**

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**

TITLE PD ☒ Delete  
NAME RYAN, MICHAEL J  
STREET ADDRESS 3038 O'HARA DRIVE  
CITY-ST-ZIP PORT RICHEY, FL 34655

TITLE STD ☒ Delete  
NAME RYAN, JACQUELINE C  
STREET ADDRESS 3038 O'HARA DRIVE  
CITY-ST-ZIP PORT RICHEY, FL 34655

TITLE D ☒ Delete  
NAME CLOWES, PATRICK  
STREET ADDRESS 3038 O'HARA DRIVE  
CITY-ST-ZIP PORT RICHEY, FL 34655

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD ☐ Change ☒ Addition  
NAME LAPITAN, ANTONIO  
STREET ADDRESS 2611 TOTTENHAM DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE VD ☐ Change ☒ Addition  
NAME STEINPORT, LINDA  
STREET ADDRESS 7456 WIMPOLE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE TD ☐ Change ☒ Addition  
NAME KNAPP, PHILIP  
STREET ADDRESS 2533 TOTTENHAM DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE SD ☐ Change ☒ Addition  
NAME FERNANDEZ, LOUISE  
STREET ADDRESS 7641 WIMPOLE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE D ☐ Change ☒ Addition  
NAME NAPPI, ANTHONY  
STREET ADDRESS 7651 SAGANAU DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/06/05