

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90397 013 \*\*\*\*61.25

**DOCUMENT # N00000003979**



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

Principal Place of Business  
9108 US 19  
PORT RICHEY, FL 34668

Mailing Address  
9108 US 19  
PORT RICHEY, FL 34668

50007914



2. Principal Place of Business

3. Mailing Address  
P.O. BOX 808

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006 Chg-NP CR2E037 (11/05)

City & State

City & State  
PORT RICHEY, FL

4. FEI Number  
59-3696650

Applied For  
Not Applicable

Zip

Country

Zip

34673

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LAPITAN, ANTONIO ☒ Delete  
STREET ADDRESS 2611 TOTTENHAM DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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

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

TITLE VD  
NAME ABSHIRE, BETTY ☐ Change ☒ Addition  
STREET ADDRESS 7704 SAGANAU DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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

TITLE TD  
NAME FELICE, JOETTE ☐ Change ☒ Addition  
STREET ADDRESS 7702 WIMPOLE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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

TITLE D  
NAME HARRISS, DAVID ☐ Change ☒ Addition  
STREET ADDRESS 2526 TOTTENHAM DRIVE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 all other like empowered.

SIGNATURE: *Joette G. Felice*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06  
Date

727376 7599  
Daytime Phone #