


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90443 023 ****61.25

DOCUMENT # N01000003276
1. Entity Name
BRIAR BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business: **C/O J & L PROPERTY MGNT, INC
10191 W SAMPLE RD STE 203
CORAL SPRINGS FL 33065**

Mailing Address: **C/O J & L PROPERTY MGNT, INC
10191 W SAMPLE RD STE 203
CORAL SPRINGS FL 33065**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____
Zip: _____ Country: _____

4. FEI Number: **54-2048997** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

**CALDERAZZO, JAMES
10191 W SAMPLE RD STE 203
CORAL SPRINGS FL 33065**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: 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 NAME: SCHACK, MIKE STREET ADDRESS: 4788 W COMMERCIAL BLVD CITY-ST-ZIP: TAMARAC FL 33319	<input type="checkbox"/> Delete
TITLE: T NAME: BOTTORFF, MATT STREET ADDRESS: 600 CORPORATE DR #102 CITY-ST-ZIP: FT LAUDERDALE FL 33334	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: SHARPSTEEN, CANDICE STREET ADDRESS: 1192 E NEWPORT CT DR #150 CITY-ST-ZIP: DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: SPANO, KIM STREET ADDRESS: 9485 SW 72ND ST A-295 CITY-ST-ZIP: MIAMI FL 33173	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Schack*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 9046122855