


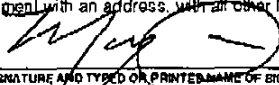
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BRIAR BAY

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90014 048 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Country	
4. FEI Number 54-2048997				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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: SAME 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVY, SHARI S	NAME			
STREET ADDRESS	3243 OSPREY LN	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33411	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLINS, SIMONE	NAME			
STREET ADDRESS	6292 HAMMOCK PRK RD	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33411	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGFRET, CABELLERO	NAME			
STREET ADDRESS	3337 TURTLE COVE	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33411	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STROLLA, CORY C	NAME			
STREET ADDRESS	3339 BLUE FIN DR	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33411	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAHER, JAMES	NAME			
STREET ADDRESS	3131 BREAKWATER CRT	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33411	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWARTZ, AMY B	NAME			
STREET ADDRESS	6428 GARDEN CRT	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33411	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 110, 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, without other like empowered.					
SIGNATURE: 				Date: 02-13-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	