


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N01000003276</b> 1. Entity Name <b>BRIAR BAY COMMUNITY ASSOCIATION, INC.</b>	
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FILED  
07 MAY 30 PM 12:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country

03282007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>54-2048997</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CALDERAZZO, JAMES</b> 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 <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D LEVY, SHARI S <input type="checkbox"/> Delete	TITLE	P Dowling Brian P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3243 OSPREY LN	NAME	3095 Eden Ct
STREET ADDRESS	WEST PALM BEACH, FL 33411	STREET ADDRESS	W Palm Beach Fl 33411
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P MAGFRET, CABELLERO <input checked="" type="checkbox"/> Delete	TITLE	VP ZAKARIAN Ed VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3337 TURTLE COVE	NAME	2169 Santa Margarita Rd
STREET ADDRESS	WEST PALM BEACH, FL 33411	STREET ADDRESS	W Palm Beach Fl
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP STROLLA, CORY C <input checked="" type="checkbox"/> Delete	TITLE	S Schwartz, Amy S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3339 BLUE FIN DR	NAME	6428 Garden Ct
STREET ADDRESS	WEST PALM BEACH, FL 33411	STREET ADDRESS	W Palm Beach Fl
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T MAHER, JAMES <input type="checkbox"/> Delete	TITLE	D Meister Juanda D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3131 BREAKWATER CRT	NAME	3338 Blue Fin
STREET ADDRESS	WEST PALM BEACH, FL 33411	STREET ADDRESS	W Palm Beach Fl
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DAN PIOTREE <input type="checkbox"/> Delete	TITLE	VP DAN PIOTREE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURTLE COVE	NAME	379 TURTLE COVE
STREET ADDRESS	West Palm Beach, FL 33411	STREET ADDRESS	West Palm Beach
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

700104258937  
06/12/07--01025--001 \*\*\$61.25

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:** Brian Dowling Brian Dowling President April 6<sup>th</sup> 2007 561-891-9089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #