

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003276

FILED  
Jan 05, 2008  
Secretary of State

Entity Name: BRIAR BAY COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O KINGS MANAGEMENT SERVICES, INC.  
3400 CELEBRATION BLVD  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KINGS MANAGEMENT SERVICES, INC.  
P.O. BOX 32248  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

FEI Number: 54-2048997      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WYANT-CORTEZ, CLAIRE  
860 US HIGHWAY ONE  
SUITE 108  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DOWLING, BRIAN  
Address: P.O. BOX 32248  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: VP ( ) Delete  
Name: ZAKARIAN, EDOUARD  
Address: P.O. BOX 32248  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: VP ( ) Delete  
Name: BIGTREE, DANIEL  
Address: P.O. BOX 32248  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: T ( ) Delete  
Name: MAHER, JAMES  
Address: P.O. BOX 32248  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: S ( ) Delete  
Name: NIKOLOS, DEBRA  
Address: P.O. BOX 32248  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: D ( ) Delete  
Name: MEISTER, JURATE  
Address: P.O. BOX 32248  
City-St-Zip: PALM BEACH GARDENS, FL 33420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE KING

Electronic Signature of Signing Officer or Director

MGR

01/05/2008

Date