

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000004439

1. Entity Name

**BRIARCLIFF ESTATES HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business

**1601 S. MARY ST.
EUSTIS, FL 32726**

Mailing Address

**1601 S. MARY ST.
EUSTIS, FL 32726**



01242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1652514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, LOUIS A
1601 S. MARY ST.
EUSTIS, FL 32726**

**DO NOT WRITE
IN THIS SPACE**

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 restate)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U0000061416G
02/06/07-80015-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, LOUIS
STREET ADDRESS	1601 S MARY STREET
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	V
NAME	BREESE, ED
STREET ADDRESS	614 BRIARCLIFF ROAD
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	ST
NAME	YOUNG, NELDA
STREET ADDRESS	510 BRIARCLIFF ROAD
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #