

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**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**

**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-NP

CR2E037 (4/06)

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 *Louis A. Johnson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

*01-07-08*

DATE:

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JOHNSON, LOUIS  
1601 S MARY STREET  
EUSTIS, FL 32726**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BREESE, ED  
614 BRIARCLIF ROAD  
EUSTIS, FL 32726**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
YOUNG, NELDA  
510 BRIARCLIFF ROAD  
EUSTIS, FL 32726**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000778541  
01/09/08-80029-012 61.25

**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: *Louis A. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-07-08*

DATE

Daytime Phone #