

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02891

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** TOWNHOMES OF BRIARWOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

13525-2 SIESTA PINES CT  
FT MYERS, FL 33908

**New Principal Place of Business:**

13539 SIESTA PINES CT  
FT MYERS, FL 33908

**Current Mailing Address:**

13525-2 SIESTA PINES CT  
FT MYERS, FL 33908

**New Mailing Address:**

13539 SIESTA PINES CT  
FT MYERS, FL 33908

FEI Number: 59-2412485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCGRAIN, SUSAN  
13525-2 SIESTA PINES CT  
FT MYERS, FL 33908 US

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

CHRISTENSEN, DAVID  
13539 SIESTA PINES CT  
FT MYERS, FL 33908 US

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: DAVID CHRISTENSEN

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ELMERS, CHARLES  
Address: 13531 SIESTA PINES CT  
City-St-Zip: FORT MYERS, FL 33908

Title: T  
Name: DAVID, CHRISTENSEN  
Address: 13539 SIESTA PINES CT  
City-St-Zip: FT MYERS, FL 33908

Title: S  
Name: BENKERT, KAREN  
Address: 13529 SIESTA PINES CT  
City-St-Zip: FT. MYERS, FL 33908

Title: D  
Name: LEE, COSENTINO  
Address: 13535 SIESTA PINES CT.  
City-St-Zip: FORT MYERS, FL 33908

Title: VP  
Name: MCGRAIN, MICHAEL  
Address: 13525-2 SIESTA PINES CT.  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: SCHENCK, STEVEN  
Address: 13525-1 SIESTA PINES CT.  
City-St-Zip: FT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: DAVID CHRISTENSEN

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02/17/2011

Electronic Signature of Signing Officer or Director

Date