

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 16, 2009**  
**Secretary of State**

DOCUMENT# N03000001973

**Entity Name:** BRIARCHASE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3111 MAHAN DRIVE SUITE #20  
P.M.B. #170  
TALLAHASSEE, FL 32308**New Principal Place of Business:**3096 WHIRLAWAY TRAIL  
TALLAHASSEE, FL 32309**Current Mailing Address:**3111 MAHAN DRIVE SUITE #20  
P.M.B. #170  
TALLAHASSEE, FL 32308**New Mailing Address:**2910 KERRY FOREST PARKWAY  
SUITE D-4, #294  
TALLAHASSEE, FL 32309**FEI Number:** 51-0457806**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BRIAR CAHSE HOME OWNERS ASSOCIATION  
3111 MAHAN DRIVE SUITE #20  
P.M.B #170  
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**CHERI, GARBARK L  
3096 WHIRLAWAY TRAIL  
TALLAHASSEE, FL 32309 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: CHERI L. GARBARK

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: PARARO, MATTHEW  
Address: 3111 MAHAN DR. SUITE #20 P.M.B. #170  
City-St-Zip: TALLAHASSEE, FL 32308

Title: SEC ( ) Delete  
Name: CAREY, ROBERT  
Address: 3111 MAHAN DR. SUITE #20 PMB# 170  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete  
Name: 850-445-6491, MR. PARRARO  
Address: 3111 MAHAN DR. SUITE #20 PMB #170  
City-St-Zip: TALLAHASSEE, FL 32308

**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:

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: CHERI L. GARBARK

PM

04/16/2009

Electronic Signature of Signing Officer or Director

Date