

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002282

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: BRYDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 W SAMPLE ROAD, STE 200  
COCONUT CREEK, FL 330733450

**New Principal Place of Business:**

**Current Mailing Address:**

4400 W SAMPLE ROAD, STE 200  
COCONUT CREEK, FL 330733450

**New Mailing Address:**

FEI Number: 27-0077490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POSIN, HARRY L  
4400 W SAMPLE ROAD, STE 200  
COCONUT CREEK, FL 33073 US

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

BEER, TR  
4400 W SAMPLE ROAD, STE 200  
COCONUT CREEK, FL 33073 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: TR BEER

02/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BEER, T.R.  
Address: 4400 W SAMPLE RD STE 200  
City-St-Zip: COCONUT CREEK, FL 330733450

Title: DST ( ) Delete  
Name: RODGERS, FRANK  
Address: 4400 W SAMPLE RD STE 200  
City-St-Zip: COCONUT CREEK, FL 330733450

Title: DV ( ) Delete  
Name: LONG, THOMAS  
Address: 4400 W SAMPLE ROAD, STE 200  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: LESTER, DAVID  
Address: 9124 DUPONT PLACE  
City-St-Zip: WELLINGTON, FL 33414

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

Title: DP (X) Change ( ) Addition  
Name: BEER, T.R.  
Address: 4400 W SAMPLE RD STE 200  
City-St-Zip: COCONUT CREEK, FL 330733450

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

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

Title: D (X) Change ( ) Addition  
Name: SUNG, IRIS  
Address: 9065 DUPONT PLACE  
City-St-Zip: WELLINGTON, FL 33414

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: THOMAS C LONG

DV

02/25/2009

Electronic Signature of Signing Officer or Director

Date