


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90007 010 \*\*\*\*61.25

<b>DOCUMENT # N03540</b> 1. Entity Name <b>BRIARWOOD MOBILE HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O NORTHROP 5630 TAYLOR AVE PORT ORANGE, FL 32127</b>			Mailing Address <b>C/O DAN THEODORE 5616 KNOX DR PORT ORANGE, FL 32127</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3073790</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>THEODORE, DAN 5616 KNOX DRIVE PORT ORANGE, FL 32127</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHWEIN, JUDIE		NAME	DAN THEODORE	
STREET ADDRESS	5620 PINELAND AVE		STREET ADDRESS	5615 KNOX	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	PORT ORANGE 32127	
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTHROP, JOAN		NAME		
STREET ADDRESS	5230 TAYLOR		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGUE, CAROL		NAME		
STREET ADDRESS	112 DUBLIN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGUE, CHARLOTTE		NAME		
STREET ADDRESS	731 NORMANDY BLVD		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TOM O' MALLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIPP, JACK		NAME	132 DUBLIN	
STREET ADDRESS	124 MELROSE CIR.		STREET ADDRESS	PORT ORANGE FL	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	32127	
TITLE	D	<input type="checkbox"/> Delete	TITLE	STEVE MANPRUDI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, KENNETH		NAME	5619 TAYLOR	
STREET ADDRESS	5610 TAYLOR AVE		STREET ADDRESS	PORT ORANGE FL	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	32127	
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: <u>Charlotte Bogue</u> <u>CHARLOTTE BOGUE</u> <span style="float: right;">386 767-8003</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

40107241  
#NO3540

To Whom It may Concern: I have never had any trouble with this report previously and I have been doing it for several years Here are the board members and their status

Joan Northrop President  
5230 Taylor  
Pt orange FL 32127

Dan Theodore Vice President  
5615 Knox  
Pt orange FL 32127

Charlotte Bogue treasurer  
731 Normandy blvd  
Pt Orange FL 32127

Steve Manfredi Secretary  
5619 Taylor  
Pt Orange FL 32127

Carol Logue Director  
112 Dublin  
Pt Orange FL 32127

Kenneth Miller Director  
5610 Taylor Ave  
Pt Orange Fl 32127

Tom O'Malley Director  
132 Dublin  
Pt Orange FL 32127