2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03540

FILED Mar 19, 2009 Secretary of State

Entity Name: BRIARWOOD MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O NORTHROP C/O O'MALLEY 5630 TAYLOR AVE 132 DUBLIN

PORT ORANGE, FL 32127 PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

C/O DAN THEODORE C/O O'MALLEY 5616 KNOX DR 132 DUBLIN

PORT ORANGE, FL 32127 PORT ORANGE, FL 32127

FEI Number: 59-3073790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THEODORE, DAN MCKINNEY, GLENN 5616 KNOX DRIVE 5635 KNOX DRIVE

PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 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: GLENN MCKINNEY 03/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VP () Delete Title: S (X) Change () Addition

 Name:
 THEODORE, DAN
 Name:
 MANFREDI, STEVE

 Address:
 5615 KNOX
 Address:
 5619 TAYLOR

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32127

Title: VP () Delete Title: T (X) Change () Addition

 Name:
 NORTHROP, JOAN
 Name:
 LITTLE, JOHN

 Address:
 5230 TAYLOR
 Address:
 135 MELROSE

City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete Title: () Change () Addition

 Name:
 LOGUE, CAROL
 Name:

 Address:
 112 DUBLIN CIRCLE
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:

Title: P () Delete Title: D (X) Change () Addition

 Name:
 BOGUE, CHARLOTTE
 Name:
 ROBERTS, GARY

 Address:
 731 NORMANDY BLVD
 Address:
 113 GREGORY

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32127

 Name:
 O'MALLEY, TOM
 Name:
 O'MALLEY, TOM

 Address:
 132 DUBLIN
 Address:
 132 DUBLIN

City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete Title: () Change () Addition

 Name:
 MILLER, KENNETH
 Name:

 Address:
 5610 TAYLOR AVE
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32127
 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: JOHN LITTLE T 03/19/2009