2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03540

FILED Mar 29, 2012 Secretary of State

Entity Name: BRIARWOOD MOBILE HOME OWNERS ASSOCIATION, INC.

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

731 NORMANDY BLVD. 135 MELROSE CIRC.

PORT ORANGE, FL 32127 VO PORT ORANGE, FL 32127 VO

Current Mailing Address: New Mailing Address:

731 NORMANDY BLVD. 135 MELROSE CIRC.

PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 US

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:

LITTLE, JOHN 135 MELROSE CIRCLE 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: I

 Name:
 ST DENNY, CONNIE

 Address:
 5617 PINELAND AVE.

 City-St-Zip:
 PORT ORANGE, FL 32127

Title: T/S

 Name:
 LITTLE, JOHN

 Address:
 135 MELROSE CIRC.

 City-St-Zip:
 PORT ORANGE, FL 32127

Title: VP

Name: FARRY, BRUCE
Address: 5648 ISABELLE AVE.
City-St-Zip: PORT ORANGE, FL 32127

Title: [

Name: DAN, THEODORE Address: 5616 KNOX DR.

City-St-Zip: PORT ORANGE, FL 32127

Title:

 Name:
 TWORT, GLORIA

 Address:
 5693 CHRISTIANCY

 City-St-Zip:
 PORT ORANGE, FL 32127

Title: [

Name: BOROWIECKI, JACK
Address: 5648 ROGERS AVE.
City-St-Zip: PORT ORANGE, FL 32127

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: JOHN LITTLE T/S 03/29/2012