
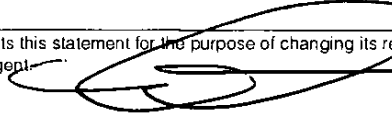
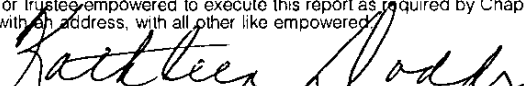


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90205 044 \*\*\*\*70.00

<b>DOCUMENT # N04000002250</b> 1. Entity Name <b>BRIARCLIFF/RESERVE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2160 NW RESERVE PARK TRACE PORT ST LUCIE FL 34986</b>			Mailing Address <b>2160 NW RESERVE PARK TRACE PORT ST LUCIE FL 34986</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number <b>20-1260070</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>CSAPO, JOHN C 1601 FORUM PLACE STE 805 W PALM BEACH FL 33401</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>William Isaacson</b> Street Address (P.O. Box Number is Not Acceptable) <b>40 Lang Management</b> <b>21045 Commercial Trail</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33486</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE <b>3-23-07</b>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAVIDSON, ROY</b> <b>2160 NW RESERVE PK TRL</b> <b>PORT SAINT LUCIE FL 34986</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>LIBBY GALLAGHER</b> <b>906 SW ST. LUCIE BLVD</b> <b>PORT ST LUCIE FL 34986</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>IEROPOLI, LAWRENCE</b> <b>2160 NW RESERVE PK TRL</b> <b>PORT SAINT LUCIE FL 34986</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT &amp; SECRETARY</b> <b>KATHLEEN DODDS</b> <b>9305 BRIARCLIFF TRAIL</b> <b>PORT ST LUCIE FL 34986</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VOLLER, KEVIN</b> <b>2160 NW RESERVE PK TRL</b> <b>PORT SAINT LUCIE FL 34986</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>CILENE BISSUNTZ</b> <b>11252 RIDERMARK ROW</b> <b>COLUMBIA MD 21044</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <b>3-23-07</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					