

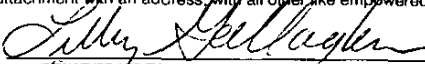


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90026 027 ****70.00

DOCUMENT # N04000002250 1. Entity Name BRIARCLIFF/RESERVE PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 2160 NW RESERVE PARK TRACE PORT ST LUCIE, FL 34986		Mailing Address 2160 NW RESERVE PARK TRACE PORT ST LUCIE, FL 34986	
2. Principal Place of Business - No P.O. Box # 40 LANG MANAGEMENT Suite, Apt. #, etc. 21045 COMMERCIAL TRAIL City & State BOCA RATON FL Zip 33486		3. Mailing Address 40 LANG MANAGEMENT Suite, Apt. #, etc. 21045 COMMERCIAL TRAIL City & State BOCA RATON FL Zip 33486	
		40049974 	
		03042008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-1260070		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISAACSON, WILLIAM C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GALLAGHER, LIBBY	NAME	
STREET ADDRESS	906 SW ST. LUCIE BLVD	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DODDS, KATHLEEN 9305 BRIARCLIFF TRACE PORT SAINT LUCIE, FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISSONTZ, CILENE 11252 RIDER MARK ROW COLUMBIA, MD 21044	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: 		Date 3-14-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	