

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002250

FILED
Feb 16, 2009
Secretary of State

Entity Name: BRIARCLIFF/RESERVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-1260070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAACSON, WILLIAM
C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: P () Delete
Name: GALLAGHER, LIBBY
Address: 906 SW ST. LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VS () Delete
Name: DODDS, KATHLEEN
Address: 9305 BRIARCLIFF TRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: BAETZOLD, LISA
Address: 9412 BRIARCLIFF TRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: LIBBY GAQLLAGHER

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date