

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90785 001 ***630.00

DOCUMENT # N05000003900

1. Entity Name
BRIARWOOD AT LIVE OAK PRESERVE ASSOCIATION,
INC.



Principal Place of Business
3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

Mailing Address
3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

66013416



2. Principal Place of Business
11500 Old Tampa Bay Dr

3. Mailing Address
11500 Old Tampa Bay Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

Applied For

San Antonio, FL

San Antonio, FL

20-2691042

Not Applicable

Zip
33576

Country

Zip
33576

Country

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERSON, GARY N ESQ
1645 PALM BEACH LAKES BLVD STE 1200
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Jonnie R Tyler

Street Address (P.O. Box Number is Not Acceptable)

11500 Old Tampa Bay Dr

City

San Antonio

FL

Zip Code
33576

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Robert D. Krieff		
STREET ADDRESS	11500 Old Tampa Bay Dr		
CITY - ST - ZIP	San Antonio, FL 33576		
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Lauren Arcaro		
STREET ADDRESS	11500 Old Tampa Bay Dr		
CITY - ST - ZIP	San Antonio, FL 33576	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	T		<input checked="" type="checkbox"/> Addition
NAME	Ron Forrest		
STREET ADDRESS	11500 Old Tampa Bay Dr		
CITY - ST - ZIP	San Antonio, FL 33576	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06 352-588-2100