2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State
05-01-2006 90466 034 ****61.25

DOCUMENT # N05000009344

1. Entity Name
BRIARWOOD AT THE FALLS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13841 SE ~~90TH AVENUE~~ ~~MIAMI~~, FL 33176	13841 SE ~~90TH AVENUE~~ ~~MIAMI~~, FL 33176

1 cc 1 mg
66022046

2. Principal Place of Business	3. Mailing Address
13888 SW 90 Ave	13888 SW 90 Ave
Suite, Apt. #, etc.: Management Office	Suite, Apt. #, etc.: Management Office
City & State: Miami, FL	City & State: Miami, FL
Zip: 33176 Country: Dade	Zip: 33176 Country: Dade

07032006 Chg-NP CR2E037 (4/06)

4. FEI Number 20-2467904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE VILLIERS, ANA V ESQ FIELDSTONE LESTER SHEAR & DENBERG LLP 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by September 6, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEAKTOR, SCOTT 10789 CLEARY BLVD PLANTATION, FL 333246014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALEXANDER, DON 10789 CLEARY BLVD PLANTATION, FL 333246014	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Mamie Attar 13896 SW 90 Av # FF-201 Miami, FL 33176	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RICHTER, MICHAEL 10789 CLEARY BLVD PLANTATION, FL 333246014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Scott Deaktor 7/19/06 305-255-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #