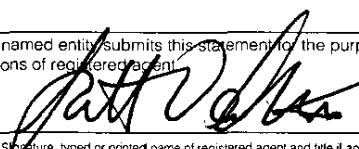
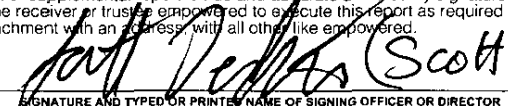


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 13841 SE 90TH AVENUE MIAMI, FL 33176		Mailing Address 13841 SE 90TH AVENUE MIAMI, FL 33176			
2. Principal Place of Business 13888 SW 90 Ave Suite, Apt. #, etc. Management Office City & State Miami, FL Zip 33176		3. Mailing Address 13888 SW 90 Ave Suite, Apt. #, etc. Management Office City & State Miami, FL Zip 33176			
Country Dade		Country Dade			
6. Name and Address of Current Registered Agent DE VILLIERS, ANA V ESQ FIELDSTONE LESTER SHEAR & DENBERG LLP 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent 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  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	VD ALEXANDER, DON 10789 CLEARY BLVD PLANTATION, FL 333246014			☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHTER, MICHAEL 10789 CLEARY BLVD PLANTATION, FL 333246014			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
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 President Date 7/19/06 Daytime Phone # 305-255-3232					

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

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