


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90033 007 ****61.25

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1. Entity Name
BRIELLA COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**C/O MANAGEMENT ASSCS, INC.
 3900 WOODLAKE BLVD, STE 309
 LAKE WORTH, FL 33463**

Mailing Address
**C/O MANAGEMENT ASSCS, INC.
 3900 WOODLAKE BLVD, STE 309
 LAKE WORTH, FL 33463**



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

01222008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3795350

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JEFFREY R. MARGOLIS, P.A.
 C/O DUANE MORRIS LLP
 200 SOUTH BISCAYNE BLVD., SUITE 3400
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Brough Chadrow & Levine, PA

Street Address (P.O. Box Number is Not Acceptable)
1700 N Commerce Pkwy

City
Weston FL Zip Code
33326

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 May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MARGOLIS, STEPHEN 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST METZKES, MICHAEL 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BACKMAN, SCOTT 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD Stigele, Robert 825 Coral Ridge Drive Coral Springs, FL 33071</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 file 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 information as empowered.

SIGNATURE: _____ **FEB 14 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

an