

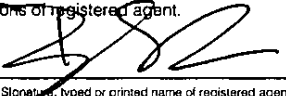



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000010392						FILED 08 APR 28 AM 11:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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		04212008 Chg-NP CR2E037 (12/06)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-3795350		Applied For Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent					
BROUGH CHADROW & LIVINE, P. A. 1900 N COMMERCE PKWY FORT LAUDERDALE, FL 33326				7. Name and Address of New Registered Agent					
				Name SOLOMON FURSHMAN, LLP					
				Street Address (P.O. Box Number is Not Acceptable) 11616 KENNEDY CAUSEWAY					
				SUITE 302					
				City NORTH BAY VILLAGE FL		Zip Code 33141			
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 		Ben Solomon partner of Solomon & Furshman LLP				4/23/08		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP MARGOLIS, STEPHEN 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600130173756 05/23/08--01014--016 **61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STREGELE ROBERT 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD STIEGELE, ROBERT B25 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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: 		STEPHEN MARGOLIS, PRESIDENT				4/22/08		954-344-8040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #					