

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010392

FILED
Feb 27, 2009
Secretary of State

Entity Name: BRIELLA COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3795350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON & FURSHMAN, LLP
1666 KENNEDY CAUSEWAY
SUITE 302
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

ASSOCIATION LAW GROUP P.L.,
1666 KENNEDY CAUSEWAY
SUITE 305
NORTH BAY VILLAGE, FL 33141 US

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.

SIGNATURE: BRIDGETTE E. BONET, ESQ.

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARGOLIS, STEPHEN
Address: 825 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DST () Delete
Name: METZKES, MICHAEL
Address: 825 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD () Delete
Name: STIEGELE, ROBERT
Address: 825 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN MARGOLIS

DP

02/27/2009

Electronic Signature of Signing Officer or Director

Date