

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010392

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** BRIELLA COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

C/O CAMPBELL PROPERTY MANAGEMENT  
3918 VIA POINCIANA DR. #9  
LAKE WORTH, FL 33467

**Current Mailing Address:**

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

**New Mailing Address:**

C/O CAMPBELL PROPERTY MANAGEMENT  
3918 VIA POINCIANA DR. #9  
LAKE WORTH, FL 33467

**FEI Number:** 20-3795350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL & BERGER  
5297 WEST COPANS ROAD  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: REAGAN, JEFF  
Address: 7214 BRIELLA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DVP  
Name: HUNTER, VALERIA  
Address: 7390 BRIELLA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S/T  
Name: WORK, BRIAN  
Address: 7326 BRIELLA DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby 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 all other like empowered.

SIGNATURE: JEFF REAGAN

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03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date