


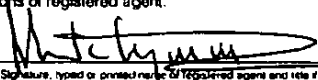

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/31/2007-90002-050-\$61.25-\$61.25

FILED

2007 OCT -1 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N06000000617</b>					
1. Entity Name BRIARWOOD ASSOCIATION, INC.					
Principal Place of Business 1040 EAST OLIVE ROAD PENSACOLA, FL 32514		Mailing Address 1040 EAST OLIVE ROAD PENSACOLA, FL 32514			
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	4. FEI Number 20-2890554	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OVERBAUGH, ALAN 244 PALMETTO ROAD GULF BREEZE, FL 32561			7. Name and Address of New Registered Agent Name: Mark Lyons III Street Address (P.O. Box Number is Not Acceptable): 77 Baybridge Professional Park City: Gulf Breeze FL Zip Code: 32561		
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:  <small>Signature, typed or printed name of Registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	PD OVERBAUGH, ALAN 211 PALMETTO ROAD GULF BREEZE, FL 32561 <input checked="" 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	DSTV BLUNDELL, JACK 308 TWISTED OAK DRIVE CANTONMENT, FL 32533 <input checked="" 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	D CHLADEK, RONALD J 301 OAK GROVE STREET #511 MINNEAPOLIS, MN 55403 <input checked="" type="checkbox"/> Delete →	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres./Dir. Chladek, Ronald J. 301 Oak Grove Street #511 Minneapolis, MN 55403 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mark Lyons III 77 Baybridge Professional Park Gulf Breeze, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Michael Fernandez 1121 Jackson Street NE #100 Minneapolis, MN 55413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" 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: 		8-20-07 850934-0440 <small>Date (Area Phone #)</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

*Ronald J. Chladek*

10/3  
aw