# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 04, 2008 8:00 am**
**Secretary of State**
04-04-2008 90027 012 ****61.25

DOCUMENT # N08961

1. Entity Name

BRINEY MAR CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1101 SOUTH RIVERSIDE DRIVE<br>POMPANO BEACH FL 33062 | 1101 SOUTH RIVERSIDE DRIVE<br>POMPANO BEACH FL 33062 |

1st MOORE CR2E037 (10/07)

| 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 59-2594630 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~KOLLE, MARCEILE~~<br>~~1101 S RIVERADO DR #201~~<br>~~POMPANO BEACH FL 33062~~ | Name SUSAN B. CHERNOCK<br>Street Address (P.O. Box Number is Not Acceptable) 1101 S. RIVERSIDE DR. #303<br>City POMPANO BEACH FL Zip Code 33062 |

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 Susan B. Chernock 3-24-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CHERNOCK, SUSAN S<br>1101 S. RIVERSIDE DR.<br>POMPANO BEACH FL 33062 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>GAIL ANDERSON<br>1101 S RIVERSIDE DR.<br>POMPANO BCH FL 33062 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP-Treas.<br>SUTFIN, NICK<br>1101 S. RIVERSIDE DR.<br>POMPANO BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>KOLLE, MARCELLE<br>1101 S. RIVERSIDE DR.<br>POMPANO BEACH FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GIRARD, ARNIE<br>1101 S RIVERSIDE DR<br>POMPANO BEACH FL 33062 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GAGLIARDI, PAUL<br>1101 S RIVERSIDE DRIVE<br>POMPANO BEACH FL 33062 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PETER DYKSTRA<br>1101 S. RIVERSIDE DRIVE<br>POMPANO BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Susan B Chernock SUSAN B. CHERNOCK Sec. 3-24-08 954 783-4355