2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08961

FILED Mar 07, 2009 Secretary of State

Entity Name: BRINEY MAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1101 SOUTH RIVERSIDE DRIVE POMPANO BEACH, FL 33062 **Current Mailing Address: New Mailing Address:** 1101 SOUTH RIVERSIDE DRIVE POMPANO BEACH, FL 33062 FEI Number: 59-2594630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHERNOCK, SUSAN B 1101 S. RIVERSIDE DR. #303 POMPANO BEACH, FL 33062 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CHERNOCK, SUSAN S Name: Name: 1101 S. RIVERSIDE DR. Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: Title: () Delete (X) Change () Addition SUTFIN, NICK Name: SUTFIN, MICK Name: Address: 1101 S. RIVERSIDE DR. Address: 1101 S. RIVERSIDE DR. City-St-Zip: POMPANO BEACH, FL City-St-Zip: POMPANO BEACH, FL Title: () Delete Title: () Change () Addition ANDERSON, GAIL Name: Name: 1101 S RIVERSIDE DR. Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: GIRARD, ARNIE Name: BUSH, STUART 1101 S RIVERSIDE DR Address: Address: 1101 S RIVERSIDE DR City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 Title: () Delete Title: () Change () Addition GAGLIARDI, PAUL Name: Name: 1101 S RIVERSIDE DRIVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: (X) Change () Addition PETER DYKSTRA, DYKSTRA. PETER Name: Name: Address: 1101 S. RIVERSIDE DRIVE Address: 1101 S. RIVERSIDE DRIVE POMPANO BEACH, FL POMPANO BEACH, FL City-St-Zip: 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: SUSAN B. CHERNOCK SEC 03/07/2009