2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

Feb 06, 2006 8:00 am Secretary of State DOCUMENT # N10486 1. Entity Name 02-06-2006 90075 042 ****61.25 BRIARWOOD SUBDIVISION OWNERS' ASSOCIATION, Principal Place of Business Mailing Address 3084 GRAFTON ST 3084 GRAFTON ST SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For ¥ 59-2635931 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REASON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3084 GRÁFTON STREET SARASOTA FL 34231 City Zip Code 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 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition REASON, ROBERT NAME NAME STREET ADDRESS 3084 GRAFTON ST STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT ✓ Delete TITLE TITLE Change Addition MANN. JEFF 3047 GRAFTON ST NAME KOELLING, RON NAME 3097 GRAFTON ST STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 SARASOTA, FL 34231 CITY - ST- ZIP CITY-ST-ZIP VICE PRESIDENT RENERS, WILLIAM 3018 GRAFTON ST Delete VΡ TITLE TITLE Change ☐ Addition MANN, JEFF NAME STREET ADDRESS 3047 GRAFTON ST STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 it 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:

What M. EASON

Of -24-06 (941) 924-0501

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