2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State
04-04-2008 90025 020 ****61.25

DOCUMENT # N14203

1. Entity Name
BRIAR PATCH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6525 THICKET TRAIL NEW PORT RICHEY, FL 34653 US	6525 THICKET TRAIL NEW PORT RICHEY, FL 34653 US

03112008 Chg-NP CR2E037 (12/06)

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 59-2931032 ☐ 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
~~STRIANO, ALFRED~~ ~~6525 CABBAGE LN~~ ~~NEW PORT RICHEY, FL 34653~~ Frank Ferreri 6509 Remus Drive New Port Richey FL 34653	Name: Same Street Address (P.O. Box Number is Not Acceptable) City: FL 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: Clifford W Couse 3/11/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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	P FERRERI, FRANK 6509 REMUS DRIVE NEW PORT RICHEY, FL 34653	☐ Delete Pres.	Louise Hauver 6438 Thicket Tr New Port Richey FL 34653	☐ Change ☐ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHROEDER, EDWARD 4517 GLEN HOLLOW NEW PORT RICHEY, FL 34653	☐ Delete Director/ Vice Pres	Ralph Pagan 9519 Glen Hollows New Port Richey 34653	☐ Change ☐ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~STRIANO, ALFRED~~ ~~8525 CABBAGE LN~~ ~~NEW PORT RICHEY, FL 34653~~	☒ Delete	T Clifford W Couse 6535 Cabbage lane Sec/Treasure New Port Richey FL 34653	☐ Change ☐ Addition ✓
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST GIANOUSTSOS, APHRODITE 6508 REMUS RD NEW PORT RICHEY, FL 34653	☐ Delete Director	Ronald Jazwa 6430 Thicket Tr. New Port Richey FL 34653	☐ Change ☐ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~BAISLEY, BONITA~~ ~~6519 CABBAGE LN~~ ~~NEW PORT RICHEY, FL 34653~~	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BRAUN, ROB~~ ~~6504 REMUS DR~~ ~~NEW PORT RICHEY, FL 34653~~	☒ Delete		☐ Change ☐ 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: Clifford W Couse Clifford W Couse 3/11/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #