2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14203

FILED Feb 21, 2009 Secretary of State

Entity Name: BRIAR PATCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6525 THICKET TRAIL

NEW PORT RICHEY, FL 34653 US

Current Mailing Address: New Mailing Address:

6525 THICKET TRAIL

NEW PORT RICHEY, FL 34653 US

FEI Number: 59-2931032 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:

FERRELI, FRANK THOMPSON, DONALD 6509 REMUS DRIVE 6506 REMUS DRIVE

NEW PORT RICHEY, FL 34653 US NEW PORT RICHEY, FL 34653 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: DONALD THOMPSON 02/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 FERRERI, FRANK
 Name:
 THOMPSON, DONALD

 Address:
 6509 REMUS DRIVE
 Address:
 6506 REMUS DRIVE

City-St-Zip: NEW PORT RICHEY, FL 34653 US City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VP () Delete Title: () Change () Addition

Name: SCHROEDER, EDWARD Name:
Address: 4517 GLEN HOLLOW Address:

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip:

 Title:
 ST
 () Delete
 Title:
 ST
 (X) Change () Addition

 Name:
 COCESC, CLIFFORD W
 Name:
 WINCHESTER, MARLENE

 Address:
 6535 CABBAGE LANE
 Address:
 6431 REMUS DRIVE

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: GIANOUSTSOS, APHRODITE Name: JAZWA, RONALD

Address: 6508 REMUS RD. Address: 6430 THICKET TRAIL

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete Title: D (X) Change () Addition Name: PAGAN, ROLPH Name: ALEMAGHIDES, NICHOLAS Address: 4519 GLEN HOLLOW Address: 4519 GLEN HOLLOW

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HAVER, LOUISE
 Name:
 HAUVER, LOUISE

 Address:
 6438 THICKET TR
 Address:
 6438 THICKET TR

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653

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: DONALD THOMPSON P 02/21/2009