

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14203

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** BRIAR PATCH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6525 THICKET TRAIL  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

6525 THICKET TRAIL  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

**FEI Number:** 59-2931032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, DONALD  
6506 REMUS DRIVE  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

COUSE, CLIFFORD W MR.  
6535 CABBAGE LANE  
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: CLIFFORD W. COUSE

01/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STRIANO, AL MR.  
Address: 6525 CABBAGE LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VP  
Name: WINCHESTER, MARLENE MRS.  
Address: 6431 REMUS DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S/T  
Name: COUSE, CLIFFORD W MR.  
Address: 6535 CABBAGE LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D  
Name: COUSE, LILLIAN A MRS.  
Address: 6535 CABBAGE LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D  
Name: BAISLEY, BONITA MRS.  
Address: 6519 CABBAGE LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D  
Name: GLAZE, WALTER MR.  
Address: 6505 REMUS DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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 all other like empowered.

SIGNATURE: CLIFFORD W. COUSE

S/T

01/04/2010

Electronic Signature of Signing Officer or Director

Date