2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14203

FILED Feb 17, 2012 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:

COUSE, LILLIAN A MRS. 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: WINCHESTER, MARLENE MRS.

Address: 6431 REMUS DRIVE

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

Title: VP

Name: FERRERI, FRANK MR. Address: 6509 REMUS DRIVE

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

Title: S/T

Name: COUSE, LILLIAN A MRS. Address: 6535 CABBAGE LANE

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

Title:

Name: ALEMAGHIDES, NICHOLAS MR.
Address: 4519 GLEN HOLLOW
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: [

Name: BAISLEY, BONITA MRS. Address: 6519 CABBAGE LANE

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

Title: [

Name: JAZWA, RONALD MR. Address: 6430 THICKET TRAIL

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: LILLIAN COUSE S/T 02/17/2012