

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23486

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** BRIARWOOD AT INDIAN SPRINGS ASSOCIATION, INC.

**Current Principal Place of Business:**

5995 BANNOCK TERR  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

**Current Mailing Address:**

5995 BANNOCK TERR  
BOYNTON BEACH, FL 33437 US

**New Mailing Address:**

**FEI Number:** 65-0048317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'CONNELL, EDWARD PRES.  
CRYSTAL COMM MGMT INC  
5995 BANNOCK TERR  
BOYNTON BEACH, FL 33437 US

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

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:** P  
**Name:** FISHER, NORMAN  
**Address:** 11611 BRIARWOOD CIR #1  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** VP  
**Name:** KATZ, JULIUS  
**Address:** 11714 BRIARWOOD CIRCLE #1  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** S  
**Name:** STERN, ANN  
**Address:** 11578 BRIARWOOD CIR #1  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** D  
**Name:** LINKER, THEODORE  
**Address:** 11675 BRIARWOOD CIR #2  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** D  
**Name:** LIPP, STANLEY  
**Address:** 11611 BRIARWOOD CIRCLE #2  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** T  
**Name:** BREIT, RICHARD  
**Address:** 11538 BRIARWOOD CIR #1  
**City-St-Zip:** BOYNTON BEACH, FL 33437

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:** NORMAN FISHER

PRES

03/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date