

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. McMillan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26654 (6)

1. Corporation Name

BRIARWOOD MASTER ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 20214
BRADENTON FL 34203-0214

Mailing Address

P.O. BOX 20214
BRADENTON FL 34203-0214



3. Date Incorporated or Qualified
05/27/1988

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0279178

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, STEPHEN W., ESQ.
1205 MANATEE AVENUE WEST
BRADENTON FL 34205**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **ROBBINS, JOHN**
STREET ADDRESS **3149-57TH AVE. CIR. E**
CITY-ST-ZIP **BRADENTON FL**

TITLE **V** ☐ DELETE
NAME **ROBERTS, R.G.**
STREET ADDRESS **3174 57TH AVE. CIR. E.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **VD** ☒ DELETE
NAME **RIVET, HAROLD F.**
STREET ADDRESS **3104 57TH AVENUE CIRCLE E**
CITY-ST-ZIP **BRADENTON FL**

TITLE **S** ☒ DELETE
NAME **STAFFARONI, GRACE**
STREET ADDRESS **2931 57TH DR. E**
CITY-ST-ZIP **BRADENTON FL**

TITLE **TD** ☒ DELETE
NAME **CASTRO, MICHAEL**
STREET ADDRESS **2930 57TH DRIVE E.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ DELETE
NAME **SALEMME, ROBERT**
STREET ADDRESS **5721 29TH COURT EAST**
CITY-ST-ZIP **BRADENTON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **SANDRA M. WARREN**
1.3 STREET ADDRESS **5608 29th St. Cir. E.**
1.4 CITY-ST-ZIP **BRADENTON, FL. 34203**

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **RICHARD WEST**
2.3 STREET ADDRESS **5715 - 31st. COURT E.**
2.4 CITY-ST-ZIP **BRADENTON, FL 34203**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **ROBERTS, R.G.**
3.3 STREET ADDRESS **3174 57th AVE. CIR. E.**
3.4 CITY-ST-ZIP **BRADENTON, FL. 34203**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *John Robbins* *John Robbins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96

Date

Daytime Phone #

56-1-19-91

CR2E037 (12/95)