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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26654** **(6)**

1. Corporation Name

BRIARWOOD MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 20214 BRADENTON FL 34203-0214	P.O. BOX 20214 BRADENTON FL 34204-0214

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **05/27/1988**
3a. Date of Last Report: **04/19/1996**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBBINS, JOHN		1.2 NAME		
STREET ADDRESS	3149-57TH AVE. CIR. E		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, R.G.		2.2 NAME		
STREET ADDRESS	3174 57TH AVE. CIR. E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE	TD	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	WARREN, SANDRA M		3.2 NAME	Ray Schemck	
STREET ADDRESS	5608 29TH ST CIR E		3.3 STREET ADDRESS	2816 69th Drive	
CITY-ST-ZIP	BRADENTON FL 34203		3.4 CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEST, RICHARD		4.2 NAME		
STREET ADDRESS	5715 31ST CT E		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, R.G.		5.2 NAME		
STREET ADDRESS	3174 57TH AVE CIR E		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SALEMME, ROBERT		6.2 NAME		
STREET ADDRESS	5721 29TH COURT EAST		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: John Robbins John Paul Robbins 2-3-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0081442