2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29897

FILED Apr 20, 2009 Secretary of State

Entity Name: BRIARCREST HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6719 WINKLER RD 27299 RIVERVIEW CENTER BLVD

SUITE 200 SUITE 102

FORT MYERS, FL 33919 US BONITA SPRINGS, FL 34134 US

Current Mailing Address: New Mailing Address:

6719 WINKLER RD 27299 RIVERVIEW CENTER BLVD

SUITE 200 SUITE 102

FORT MYERS, FL 33919 US BONITA SPRINGS, FL 34134 US

FEI Number: 65-0185742 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:

ALLIANT PROPERTY MANAGEMENT INDEPENDENT MANAGEMENT 27299 RIVERVIEW CENTER BLVD

SUITE 200 SUITE 102

FORT MYERS, FL 33919 US BONITA SPRINGS, FL 34134 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: CHRIS RAGAIN 04/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: P (X) Change () Addition

 Name:
 BARNES, SUSAN
 Name:
 BARNES, SUSAN

 Address:
 15447 BRIARCREST CIR
 Address:
 15447 BRIARCREST CIR

 City-St-Zip:
 FORT MYERS, FL 33912 US
 City-St-Zip:
 FORT MYERS, FL 33912 US

Title: VPD () Delete Title: D (X) Change () Addition

 Name:
 BROOKMAN, TERRY
 Name:
 BROOKMAN, TERRY

 Address:
 15424 BRIARCREST CR
 Address:
 15424 BRIARCREST CR

 City-St-Zip:
 FORT MYERS, FL 33912 US
 City-St-Zip:
 FORT MYERS, FL 33912 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 CABLE, RUSS
 Name:
 CABLE, RUSS

 Address:
 15219 BRIARCREST CIR
 4ddress:
 15219 BRIARCREST CIR

 City-St-Zip:
 FORT MYERS, FL 33912 US
 City-St-Zip:
 FORT MYERS, FL 33912 US

Title: TD () Delete Title: TD (X) Change () Addition

Name: PEICHART, LORI Name: REICHART, LORI
Address: 15218 BRIARCREST CIRCLE Address: 15218 BRIARCREST CIRCLE

Address: 15218 BRIARCREST CIRCLE
City-St-Zip: FORT MYERS, FL 33912
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Delete Title: () Change () Addition

 Name:
 PARSLEY, BERT
 Name:

 Address:
 15279 BRIARCREST CIRCLE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRIS RAGAIN CAM 04/20/2009