

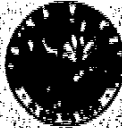
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N33874** (1)

1. Corporation Name
BRIARWOOD AT SUNTREE ASSOCIATION, INC.

Principal Place of Business Mailing Address
6939 N. WICKHAM ROAD MELBOURNE FL 32940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/22/1989** 3a. Date of Last Report **02/15/1994**
4. FEI Number **59-2952057** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHRIEVES, LAJUNE
6939 N. WICKHAM ROAD
MELBOURNE FL 32940**

81 Name **ANN SABELLI**
82 Street Address (P.O. Box Number is Not Acceptable) **6939 N. Wickham Road**
83
84 City **Melbourne** FL 85 Zip Code **32940**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Ann Sabelli Ann Sabelli OAM* DATE *4/30/95*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **PIZZI, JOSEPH**
STREET ADDRESS **822 OAKWOOD DRIVE**
CITY - ST - ZIP **MELBOURNE FL**

TITLE **VP**
NAME **GOODRICH, BETTY**
STREET ADDRESS **865 OAKWOOD**
CITY - ST - ZIP **MELBOURNE FL**

TITLE **TD**
NAME **CASEBOLT, WAYNE**
STREET ADDRESS **849 OAKWOOD**
CITY - ST - ZIP **MELBOURNE FL**

TITLE **SD**
NAME **MOORE, JAMES R**
STREET ADDRESS **833 OAKWOOD DRIVE**
CITY - ST - ZIP **MELBOURNE FL**

1.1 TITLE **PD** Change Addition
1.2 NAME **Wayne C. Casebolt**
1.3 STREET ADDRESS **849 Oakwood**
1.4 CITY - ST - ZIP **Melbourne Florida 32940**

2.1 TITLE **VP** Change Addition
2.2 NAME **John M. Signorelli**
2.3 STREET ADDRESS **708 Kenwood Cir.**
2.4 CITY - ST - ZIP **Melbourne Florida 32940**

3.1 TITLE **TD** Change Addition
3.2 NAME **Clayton W. Kline**
3.3 STREET ADDRESS **859 Oakwood Dr.**
3.4 CITY - ST - ZIP **Melbourne, Florida 32940**

4.1 TITLE Change Addition
4.2 NAME **Same**
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)(4), 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: *Clayton W. Kline Clayton W. Kline* DATE *4/21/95* *407-259-2931*