

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		6939 N. WICKHAM ROAD MELBOURNE FL 32940 US	
21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt #, etc		Suite, Apt #, etc.
22	23	27	28
	City & State		City & State
24	25	29	30
	Zip Country		Zip Country

3. Date Incorporated or Qualified
08/22/1989

4. FEI Number
59-2952057

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SABELLI, ANN
6939 N. WICKHAM ROAD
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name
Francis Stewart

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 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: *Clayton W. Kline* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PD
NAME	HEMPHILL, CONRAD	1.2 NAME	HEMPHILL, CONRAD
STREET ADDRESS	843 OAKWOOD DR.	1.3 STREET ADDRESS	843 OAKWOOD DRIVE
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	TD	2.1 TITLE	
NAME	KLINE, CLAYTON W	2.2 NAME	
STREET ADDRESS	859 OAKWOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	CERLINI, PETER	3.2 NAME	
STREET ADDRESS	815 OAKWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	KELLER, MORRIS	4.2 NAME	
STREET ADDRESS	607 BROOKWOOD PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CASEBOLT, WAYNE	5.2 NAME	
STREET ADDRESS	849 OAKWOOD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	ADAMS, JERRY	6.2 NAME	BENNETT, DOUG
STREET ADDRESS	600 BROOKWOOD PLACE	6.3 STREET ADDRESS	837 OAKWOOD DR.
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	MELBOURNE, FL 32940

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14. I 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: *Clayton W. Kline* CLAYTON W. KLINE 4/13/98

CFR2E037 (10/97)