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**May 05, 1999 8:00 am**  
**Secretary of State**

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0020382

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N33874**

1. Corporation Name

**BRIARWOOD AT SUNTREE ASSOCIATION, INC.**

Principal Place of Business

6939 N. WICKHAM ROAD  
 MELBOURNE FL 32940  
 US

Mailing Address

6939 N. WICKHAM ROAD  
 MELBOURNE FL 32940  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/22/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2952057

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

25 Country

28 Zip

29 Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, FRANCIS  
 6939 N. WICKHAM ROAD  
 MELBOURNE FL 32940

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME HEMPHILL, CONRAD  
 STREET ADDRESS 843 OAKWOOD DR.  
 CITY-ST-ZIP MELBOURNE FL 32940

1.1 TITLE VPD  Change  Addition  
 1.2 NAME ROBERT RENNIE  
 1.3 STREET ADDRESS 605 BROOKWOOD PLACE  
 1.4 CITY-ST-ZIP MELBOURNE, FL 32940

TITLE TD  DELETE  
 NAME KLINE, CLAYTON W  
 STREET ADDRESS 859 OAKWOOD DR.  
 CITY-ST-ZIP MELBOURNE FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE SD  DELETE  
 NAME KELLER, MORRIS  
 STREET ADDRESS 607 BROOKWOOD PLACE  
 CITY-ST-ZIP MELBOURNE FL

3.1 TITLE SD  Change  Addition  
 3.2 NAME DONALD FREUND  
 3.3 STREET ADDRESS 871 OAKWOOD DR  
 3.4 CITY-ST-ZIP MELBOURNE FL 32940

TITLE D  DELETE  
 NAME CASEBOLT, WAYNE  
 STREET ADDRESS 849 OAKWOOD DR.  
 CITY-ST-ZIP MELBOURNE FL

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

TITLE D  DELETE  
 NAME BENNETT, DOUG  
 STREET ADDRESS 837 OAKWOOD DRIVE  
 CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Wayne Casebolt* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 401-259-2931  
 Date Daytime Phone #

CR2E037 (1/98)