

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90039 040 ****61.25



DOCUMENT # N33874

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number

59-2952057

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, FRANCIS
6939 N. WICKHAM ROAD
MELBOURNE FL 32940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD Delete
NAME BIXBY, LEROY
STREET ADDRESS 874 OAKWOOD DR.
CITY-ST-ZIP MELBOURNE FL 32940

TITLE TD Delete
NAME KLINE, CLAYTON
STREET ADDRESS 859 OAKLAND DR.
CITY-ST-ZIP MELBOURNE FL 32940

TITLE SD Delete
NAME VARCHAL, ED
STREET ADDRESS 858 OAKWOOD DR.
CITY-ST-ZIP MELBOURNE FL 32940

TITLE VD Delete
NAME LOUGHREY, BILL
STREET ADDRESS 821 OAKWOOD DR.
CITY-ST-ZIP MELBOURNE FL 32940

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME VP
HEMPHILL, CONRAD
STREET ADDRESS 843 OAKWOOD DR.
CITY-ST-ZIP MELBOURNE, FL. 32940

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

[Handwritten Signature]

2/1/06