2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N41776

Entity Name: BRIARWOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

350 BRIARWOOD BLVD
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

New Mailing Address:

BPOA
3927 ARNOLD AVE
NAPLES, FL 34104 US

FEI Number: 59-3088041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KRAUS, CHERYL R
KRAUS, BALLENGER, PA.
1012 GOODLETTE RD N.
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SPINELLI, WILLIAM
Address: 934 MARBLE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: STD (X) Delete
Name: GERSTLER, GREG
Address: 3927 ARNOLD AVE
City-St-Zip: NAPLES, FL 34104

Title: VD (X) Delete
Name: HUDAK, LIZ
Address: 2046 TERRAZZO LANE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: WLLIAM SPINELLI PD 06/23/2009

Electronic Signature of Signing Officer or Director — Date