

**2006 NOT-1 R-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90181 006 ****61.25

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1. Entity Name
BRIARWOOD ESTATES HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
401 SOUTH 6 AVE
WAUCHULA, FL 33873 US

Mailing Address
401 S 6 AVE
WAUCHULA, FL 33873 US



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0411465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBB, LAVON
401 S 6 AVE
WAUCHULA, FL 33873

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	COBB, LAVON	Void
STREET ADDRESS	401 S 6 AVE	
CITY-ST-ZIP	WAUCHULA, FL	
TITLE	VD	
NAME	TIMMERMAN, C.N.	Void
STREET ADDRESS	410 SOUTH 6TH AVE	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	STD	
NAME	COBB, LINDA A	Void
STREET ADDRESS	401 S 6 AVE	
CITY-ST-ZIP	WAUCHULA, FL	
TITLE	Pres	
NAME	William B. Jernigan	
STREET ADDRESS	1007 Briarwood Drive	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	Sec.	
NAME	Lauren Canary	
STREET ADDRESS	1012 Briarwood Drive, Wauchula,	
CITY-ST-ZIP	FL 33873	
TITLE	Treas.	
NAME	Donny Canary	
STREET ADDRESS	1012 Briarwood Drive, Wauchula,	
CITY-ST-ZIP	FL 33873	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-06 863-773-3839