

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001738

FILED
May 01, 2009
Secretary of State

Entity Name: BRIARWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

401 SOUTH 6 AVE
WAUCHULA, FL 33873 US

New Principal Place of Business:

120 N 4TH AVENUE
WAUCHULA, FL 33873 US

Current Mailing Address:

PO BOX 622
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 65-0411465 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:

COBB, LAVON
401 S 6 AVE
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

BODEK, ALICIA
1029 BRIARWOOD DR
WAUCHULA, FL 33873 US

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: ALICIA BODEK

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CANARY, LAUREN
Address: 1012 BRIARWOOD DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: T () Delete
Name: CANARY, DONNY
Address: 1012 BRIARWOOD DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: S (X) Delete
Name: JERNIGAN, WILLIAM D
Address: 1007 BRIARWOOD DRIVE
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICH, SAM
Address: 1009 BRIARWOOD DR
City-St-Zip: WAUCHULA, FL 33873

Title: S (X) Change () Addition
Name: BODEK, ALICIA
Address: 1029 BRIARWOOD DRIVE
City-St-Zip: WAUCHULA, FL 33873

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: ALICIA BODEK

S

05/01/2009

Electronic Signature of Signing Officer or Director

Date