

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000876

FILED  
Apr 23, 2004  
Secretary of State

**Entity Name:** BRIAR BAY ORLANDO HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1416 CONCORD ST. EAST  
ORLANDO, FL 32803

**New Principal Place of Business:**

1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

PO BOX 531010  
ORLANDO, FL 328531010

**New Mailing Address:**

**FEI Number:** 59-3393302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE MELROSE CORPORATION  
1416 CONCORD STREET EAST  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

THE MELROSE CORPORATION  
1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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: \_\_\_\_\_

04/23/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SEABROOKS, LISA  
Address: 365 BRIAR BAY CIRCLE  
City-St-Zip: ORLANDO, FL 32825 US

Title: D (X) Delete  
Name: RIVERS, KENYATTA  
Address: 373 BRIAR BAY CIRCLE  
City-St-Zip: ORLANDO, FL 32825 US

Title: D ( ) Delete  
Name: BODE, KATHRYN  
Address: 320 BRIAR BAY CIRCLE  
City-St-Zip: ORLANDO, FL 32825 US

**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 for the exemption stated in Section 119.07(3)(i), 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: KATHRYN BODE

D

04/23/2004

Electronic Signature of Signing Officer or Director

Date