2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000876

FILED Apr 18, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1600 WEST COLONIAL DRIVE 225 S. WESTMONTE DRIVE ORLANDO, FL 32804 3310 ALTAMONTE SPRINGS, FL 32714 **Current Mailing Address:** New Mailing Address: PO BOX 531010 PO BOX 162147 ALTAMONTE SPRINGS, FL 32716 ORLANDO, FL 328531010 FEI Number: 59-3393302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: THE MELROSE CORPORATION WOMACK, ELLEN R AGENT 1600 WEST COLONIAL DRIVE 225 S. WESTMONTE DRIVE ORLANDO, FL 32804 3310 ALTAMONTE SPRINGS, FL 32714 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: ELLEN WOMACK 04/18/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SEABROOKS, LISA SANTIAGO, TITO Name: Name: 365 BRIAR BAY CIRCLE Address: 242 BRIAR BAY CIRCLE Address: City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: ORLANDO, FL 32825 US Title: () Delete Title: (X) Change () Addition BODE, KATHRYN Name: EZELL, JOHN Name: Address: 320 BRIAR BAY CIRCLE Address: 254 BRIAR BAY CIRCLE City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: ORLANDO, FL 32825 US Title: () Delete Title: DVP () Change (X) Addition PRESLEY, JERRY Name: Name: 218 BRIAR BAY CIRCLE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: DS () Change (X) Addition Name: Name: MORENO, BETTY 250 BRIAR BAY CIRCLE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: () Change (X) Addition SERRANO-KIRBY, AMARA Name: Name: 364 BRIAR BAY CIRCLE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32825

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: ELLEN WOMACK A 04/18/2005