

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000026164

1. Entity Name

PROPERTY OWNERS OF BRIARWOOD INC.



**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
16680 NE 10 AVE  
NORTH MIAMI BEACH FL 33162  
US

Mailing Address  
16680 NE 10 AVE  
NORTH MIAMI BEACH FL 33162  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

• Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

City & State

4. FEI Number 65-0391715

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERLIN, SOPHIE  
12901 S.W. 15 CT.  
APT V-212  
PEMBROKE PINES FL 33026

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 file if applicable

(NOTE: Registered Agent signature required when revisiting)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 5, 2007**  
**Make Check Payable to Florida Department of State**

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete  
NAME BERLIN, SOPHIE  
STREET ADDRESS 12901 SW 15 CT #V212  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition  
NAME **000000770068**  
STREET ADDRESS **07/24/07-80001-006 150.00**  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME BERLIN, SOPHIE  
STREET ADDRESS 12901 S.W. 15TH CT., #V212  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME ADELMAN, DAVID DR.  
STREET ADDRESS 16680 N.E. 10TH AVE.  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NRA ☐ Delete  
NAME BURLIN, SOPHIE  
STREET ADDRESS 12901 SW 15 CT V212  
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME MENDELS, MICHAEL  
STREET ADDRESS 15 MAPLE AV  
CITY-ST-ZIP TARRYTOWN NY 10591

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME MORRISON, TONY  
STREET ADDRESS 150 77 70 ROAD 6A  
CITY-ST-ZIP KEW GARDENS NY 11367

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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 #

7/16/07