

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026164

FILED
Apr 22, 2009
Secretary of State

Entity Name: PROPERTY OWNERS OF BRIARWOOD INC.

Current Principal Place of Business:

15 MAPLE AVE
TARRYTOWN, NY 10591 US

New Principal Place of Business:

Current Mailing Address:

16680 NE 10 AVE
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 65-0391715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADELMAN, DAVID M
16680 N E 10 AVE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BERLIN, SOPHIE
Address: 4061 GRANDVIEW BLVD APT 301
City-St-Zip: LOS ANGELES, CA 90066

Title: D () Delete
Name: ADELMAN, DAVID DR.
Address: 16680 N.E. 10TH AVE.
City-St-Zip: NORTH MIAMI BEACH, FL

Title: PDT () Delete
Name: MENDELS, MICHAEL
Address: 15 MAPLE AVE
City-St-Zip: TARRYTOWN, NY 10591

Title: VPD () Delete
Name: MORRISON, TONY
Address: 150 77 70 ROAD 6A
City-St-Zip: KEW GARDENS, NY 11367

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BERLIN, SOPHIE
Address: 4061 GRANDVIEW BLVD APT 303
City-St-Zip: LOS ANGELES, CA 90066

Title: D (X) Change () Addition
Name: ADELMAN, DAVID DR.
Address: 16680 N.E. 10TH AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MORRISON, TONY
Address: 8553 SE PETTWAY STREET
City-St-Zip: HOBE SOUND, FL 33455

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MENDELS

PSDT

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date