2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002804

FILED Apr 28, 2007 Secretary of State

Entity Name: BROOKSIDE HILLS HOMEOWNERS' ASSOCIATION, INC.

Current P	rincipal Place of Busin	ess:	New Principal Place	New Principal Place of Business:							
	RPILLAR LN MENT, FL 32533		4400 BAYOU BLVD #35								
SAINTOIN	MEINT, I'E 32333		PENSACOLA, FL 32	503							
Current M	ailing Address:		New Mailing Addres	New Mailing Address:							
P O BOX 9 GONZALE	951 Z, FL 32560 US		4400 BAYOU BLVD #35 PENSACOLA, FL 32	503 US							
El Number:	59-3743553 FEI Num	ber Applied For () F	El Number Not Applicable ()	Certificate of Status Desired ()							
Name and	Address of Current R	egistered Agent:	Name and Address	of New Registered Agent:							
948 CATE	LL, PERRY RPILLAR LN MENT, FL 32533 US		LONGWELL, TINA 4400 BAYOU BLVD. #35 PENSACOLA, FL 32	4400 BAYOÚ BLVD.							
	named entity submits the of Florida.	is statement for the purp	ose of changing its registere	ed office or registered agent, or both,							
SIGNATUF	RE: TINA LONGWELL			04/28/2007							
	Electronic Signatu	ure of Registered Agent		Date							
OFFICERS	S AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Fitle: Name: Address: City-St-Zip:	PD () Delete DOGGRELL, PERRY 948 CATERPILLAR LANE CANTONMENT, FL 32533		Title: Name: Address: City-St-Zip:	() Change () Addition							
Fitle: Name: Address: City-St-Zip:	D () Delete TISLER, TOM 952 BUCYRUS LN CANTONMENT, FL 32533		Title: Name: Address: City-St-Zip:	() Change () Addition							
Fitle: Name: Address: City-St-Zip:	SD () Delete PISTEY, LAURA 975 BUCYRUS LANE CANTONMENT, FL 32533		Title: Name: Address: City-St-Zip:	() Change () Addition							
Fitle: Name: Address: City-St-Zip:	T () Delete BAXTER, BARBARA 1017 BUCYRUS LN CANTONMENT, FL 32533		Title: Name: Address: City-St-Zip:	() Change () Addition							
Fitle: Name: Address: City-St-Zip:	D () Delete GAMBILL, SHARON 964 BUCYRUS LANE CANTONMENT, FL 32533		Title: Name: Address: City-St-Zip:	() Change() Addition							
Fitle: Name: Address: City-St-Zip:	D () Delete SULLIVAN, JOHN 1007 BUCYRUS LANE CANTONMENT, FL 32533		Title: Name: Address: City-St-Zip:	() Change () Addition							
horoby so	rtify that the information	cumplied with this filing d	loss not qualify for the ever	ention stated in Chapter 110							

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:	PERR	Yυ	OGG	RELL					DP	ı	04	1/28/20	07	
					٠.٠.	O.C.	,					_		_