

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 21, 2009
Secretary of State

DOCUMENT# N01000002804

Entity Name: BROOKSIDE HILLS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4400 BAYOU BLVD
#35
PENSACOLA, FL 32503**New Principal Place of Business:****Current Mailing Address:**4400 BAYOU BLVD
#35
PENSACOLA, FL 32503 US**New Mailing Address:**4400 BAYOU BLVD
#35
PENSACOLA, FL 32503**FEI Number:** 59-3743553**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LONGWELL, TINA
4400 BAYOU BLVD.
#35
PENSACOLA, FL 32503 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LOT, SONIA
Address: 939 BUCYURS LN
City-St-Zip: CANTONMENT, FL 32533

Title: DVP () Delete
Name: CLARK, LISA
Address: 1023 BUCYRUS LN
City-St-Zip: CANTONMENT, FL 32533

Title: DS () Delete
Name: VAN DER LINDE, YIRA
Address: 909 BUCYRUS LANE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: HICKS, CHARLIE
Address: 955 CATERPILLAR LN
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: KILLINGSWORTH, CLINTON
Address: 933 BUCYRUS LANE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: ROBERTS, MICHAEL DR
Address: 1792 TEREX CIR.
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LOTT, SONIA
Address: 939 BUCYURS LN
City-St-Zip: CANTONMENT, FL 32533

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

Title: D (X) Change () Addition
Name: VAN DER LINDE, YIRA
Address: 909 BUCYRUS LANE
City-St-Zip: CANTONMENT, FL 32533

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

Title: DS (X) Change () Addition
Name: KILLINGSWORTH, CLINTON
Address: 933 BUCYRUS LANE
City-St-Zip: CANTONMENT, FL 32533

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

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: SONIA LOTT

DP

08/21/2009

Electronic Signature of Signing Officer or Director

Date