


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

05-03-2007 90046 017 ****61.25

DOCUMENT # N06000000619

1. Entity Name
BROOKRIDGE COMMONS OWNER'S ASSOCIATION, INC.



Principal Place of Business
**8000 TOWERS CRESENT DRIVE STE 825
 VIENNA, VA 22182**

Mailing Address
**8000 TOWERS CRESENT DRIVE STE 825
 VIENNA, VA 22182**

66018987



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

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

03302007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4701723

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MYERS, W. PARKINSON
 3340 CRENSHAW LAKE ROAD
 LUTZ, FL 33548**

7. Name and Address of New Registered Agent

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 title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | DPS | <input type="checkbox"/> Delete |
| NAME | FRANSEN, VICTOR R | |
| STREET ADDRESS | 8000 TOWERS CRESENT DRIVE STE 825 | |
| CITY-ST-ZIP | VIENNA, VA 22182 | |
| TITLE | DVT | <input type="checkbox"/> Delete |
| NAME | KORNIDES, JOSEPH | |
| STREET ADDRESS | 8000 TOWERS CRESENT DRIVE STE 825 | |
| CITY-ST-ZIP | VIENNA, VA 22182 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FRANSEN, ROBERT P | |
| STREET ADDRESS | 8000 TOWERS CRESENT DRIVE STE 825 | |
| CITY-ST-ZIP | VIENNA, VA 22182 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Robert Franzen **ROBERT FRANSEN** 04/30/07 (703) 506-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #