


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000000619**

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



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



04162008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>20-4701723</b>	Applied For Not Applicable
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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**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000943075  
05/29/08-80044-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FRANSEN, VICTOR R 8000 TOWERS CRESENT DRIVE STE 825 VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT KORNIDES, JOSEPH 8000 TOWERS CRESENT DRIVE STE 825 VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANSEN, ROBERT P 8000 TOWERS CRESENT DRIVE STE 825 VIENNA, VA 22182
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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 P. FRANSEN**    **4/28/08**    **703-506-1006**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #