## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000006768

FILED Apr 22, 2009 Secretary of State

Entity Name: BROOKS COVE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4315 PABLO OAKS CT JACKSONVILLE, FL 32224 **Current Mailing Address: New Mailing Address:** 4315 PABLO OAKS CT JACKSONVILLE, FL 32224 FEI Number: 26-0582012 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SLG MANAGEMENT SERVICES, LLC 4315 PABLO OAKS CT JACKSONVILLE, FL 32224 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BARFIELD, JAY C VANZANT, CHRIS Name: Name: 157 E NEW ENGLAD AVE #274 Address: 4315 PABLO OAKS COURT Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: JACKSONVILLE, FL 32224 Title: Title: (X) Change ( ) Addition ( ) Delete KRIPS, JACK E OFFICER Name: GRIFFITH, R. SCOTT Name: Address: 7756 WAUNATTA CT Address: 4315 PABLO OAKS COURT City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: JACKSONVILLE, FL 32224 Title: DST () Delete Title: DS (X) Change ( ) Addition SCHMIDT, MARLEEN K LEWIS, KERI Name: Name: 2432 BRIXHAM AVE 4315 PABLO OAKS COURT Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: JACKSONVILLE, FL 32224 Title: AS () Delete Title: (X) Change ( ) Addition LAWARNE, JOY L Name: Name: HOLM, MALLORY G Address: 4315 PABLO OAKS COURT Address: 4315 PABLO OAKS COURT City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: JACKSONVILLE, FL 32221 Title: () Delete Title: ( ) Change (X) Addition FREDENHAGEN, SHARON W Name: Name: 4315 PABLO OAKS COURT Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32224 Title: () Delete Title: ( ) Change (X) Addition LAWARRE, JOY L Name: Name: Address: Address: 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224 City-St-Zip: 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: CHRIS VANZANT DP 04/22/2009