FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23487** **(4)**

1. Corporation Name

BROOKER TRACE SUBDIVISION HOMEOWNERS' ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
2619 BROOKER TRACE LANE VALRICO FL 33594	2619 BROOKER TRACE LANE VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1987
3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0156867 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 2607 Brooker Trace Ln	26 2607 Brooker Trace Ln
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Valrico FL	City & State 28 Valrico FL
Zip 24 33594 County 25 Hillsborough	Zip 29 33594 County 30 Hillsborough

9. Name and Address of Current Registered Agent

POLISEO, JOSEPH F., JR.
2619 BROOKER TRACE LANE
VALRICO FL 33594

10. Name and Address of New Registered Agent

31 Name: Donna R. Sausaman
32 Street Address (P.O. Box Number is Not Acceptable): 2607 Brooker Trace Ln
33
34 City: Valrico FL 35 Zip Code: 33594

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Donna R Sausaman — 4/26/95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	ASARO, CHRISTOPHER	12 NAME	~~Steve Br~~ Bristol, Steve
STREET ADDRESS	2616 BROOKER TRACE LN	13 STREET ADDRESS	2608 Brooker Trace Ln
CITY ST ZIP	VALRICO FL	14 CITY ST ZIP	Valrico, Fl 33594
TITLE	VPD	21 TITLE	VP D ☑ Change ☐ Addition
NAME	BRISTOL, STEVE	22 NAME	Asaro, Lorrie
STREET ADDRESS	2608 BROOKER TRACE LN	23 STREET ADDRESS	2616 Brooker Trace Ln.
CITY ST ZIP	VALRICO FL	24 CITY ST ZIP	Valrico, Fl 33594
TITLE	SD	31 TITLE	SD ☑ Change ☐ Addition
NAME	LLOYD, BARBARA	32 NAME	Watkins, Nickey
STREET ADDRESS	2614 BROOKER TRACE LN	33 STREET ADDRESS	2614 Brooker Trace Ln
CITY ST ZIP	VALRICO FL	34 CITY ST ZIP	Valrico, Fl 33594
TITLE	TD	41 TITLE	TD ☑ Change ☐ Addition
NAME	POLISEO, JOSEPH F. JR.	42 NAME	Sausaman, Donna
STREET ADDRESS	2619 BROOKER TRACE LANE	43 STREET ADDRESS	2607 Brooker Trace Ln
CITY ST ZIP	VALRICO FL	44 CITY ST ZIP	Valrico, Fl 33594
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna R Sausaman — 4/26/95 — (813)654-6531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083091