## FILE NOW: FILING FEE IS \$61.25

۲	CORPORATION						
	CORPORATION						
	ANNUAL REPORT						



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name N23487

(4)

BROOKER TRACE SUBDIVISION HOMEOWNERS' ASSOCIATIO N, INC.

Principal Place	of Business	Mailing Address			e samitiser mid iranda nivit manda horiri filos melati bildir dilati bildir bildir beldir 1600 (160)		
	ER TRACE LANE	2607 BROOKER TRACE LAI	NE				
VALRICO FL US	33594	VALRICO FL 33594 US					
		03		3. Date Incorporated or Qualif 11/17/1987	<b>3a.</b> Date of Last Report <b>05/01/1995</b>		
	ace of Business	2a. Mailing Address	T 1-	4. FEI Number	Applied For		
21 <b>20</b> 14 Suite, Apt.	Brooker lace Ln	26 2614 Brooker	race lar	1e 65-0156867	Not Applicable		
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	co, FL	City & State 28 Valrico FL		6. Election Campaign Financin Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 3350	Country	<sup>Zρ</sup> 3359Ψ 36	Country		for intangible tax under s. 199.032,		
24 3354	9. Name and Address of Current		0 05	Florida Statutes	Yes 🔼 No		
•	9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  10. Name and Address of New Registered Agent						
SAUSAM	IAN, DONNA R		L J	Dary! Watki			
• 2607 BR	OOKER TRACE LANE		82 Street	Address (P.O. Box Number is Not Acce	Trace lane		
VALRICO	) FL 33594		83	2014 5.0012	THE THE		
•			84 City		ler   Zn Code		
			1 1	Valrico	FL 85 3594		
11. Pursuant to or register	to the provisions of Sections 617,0502 a red agent, or both, in the State of Florida.	nd 617.1508, Florida Statutes, tl . Such change was authorized b	he above named or by the corporation's	orporation submits this statement for the board of directors. Thereby accept the	purpose of changing its registered office appointment as registered agent. I am		
familiar wi	th, and accept the obligations of Section	i 617.0503, Florida Statutes.	1 11 1.11	la la -	ppointment as registered agent. Fami		
SIGNATURE	Signature, typed or printed having of registered agent and	d title if applicable INOTE R	ryl vuati	cius - Ireasure	x 2/4/96		
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO	DEFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	President, P			
NAME	BRISTOL, STEVE	•	1.2 NAME	Cheryl Mackey			
STREET ADDRESS	2608 BROOKER TRACE LANE		1.3 STREET ADDRESS	2604 Brooker Tr	ace laur.		
CITY-ST-ZIP	VALRICO FL VPD		1.4 CITY - ST- ZIP	Vally ich It 35	394		
TITLE	ASARO, LORRIE	DELETE	2.1 TITLE	Vice President v	Change  Addition		
NAME Street Address	2616 BROOKER TRACE LANE		2 2 NAME	Darrell Mayo			
CITY-ST-ZIP	VALRICO FL		2.3 STREET ADDRESS	21017 Brooker Trace	e lane		
TITLE	SD	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE	Valvico FC 335	Change Addition		
NAME	WATKINS, MICKEY	*	32 NAME	Scretary Ric Ragghianti	Audition		
STREET ADDRESS	2614 BROOKER TRACE LANE		3 3 STREET ADDRESS	2406 Brooker Tra	celane		
CITY - ST - ZIP	VALRICO FL		3 4. CITY-ST-ZIP		394		
TITLE	TD CALICAMAN DONNIA	DELETE	4.1 TITLE	Treasurer. T	Change Addition		
NAME	SAUSAMAN, DONNA	Ť	4. 2 NAME	Daryl Watkins			
STREET ADDRESS	2607 BROOKER TRACE LANE VALRICO FL		4.3 STREET ADDRESS	2414 Brooker Tra	ice lane		
CITY-ST-ZIP TITLE	TACHOO I L	DELETE	4.4 CITY - ST - ZIP	Valvico FL 3359	Ψ Που		
NAME		Prefere	5.1 TITLE 5.2 NAME	1000001	Change Addition		
STREET ADORESS			5.2 NAME 5.3 STREET ADDRESS	-04/17/96( ***61.25	10710		
CITY-ST-ZIP			54 CITY - ST - ZIP		09		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition		
NAME			62 NAME				
STREET ADDRESS			6.3 STREET ADDRESS		41796		

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)(k), 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 officency 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 Book 13 if changed, of on an attachment with an address. Daryl Watkins - Treasurer 2/4

SIGNATURE:

CR2E037 (12/95)