FILE NOW: FILING FEE IS $61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N23487 (4)

1. Corporation Name
BROOKER TRACE SUBDIVISION HOMEOWNERS' ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
2614 BROOKER TRACE LANE VALRICO FL 33594 US	2614 BROOKER TRACE LANE VALRICO FL 33594-5656 US

3. Date Incorporated or Qualified: 11/17/1987
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business
21 2606 Brooker Trace Ln.
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 2606 Brooker Trace Ln.
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WATKINS, DARYL
2614 BROOKER TRACE LANE
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name: Eric Ragghianti
82 Street Address (P.O. Box Number is Not Acceptable): 2606 Brooker Trace Ln.
83: V
84 City: Valrico FL 85 Zip Code: 33594

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Eric S. Ragghianti — Eric S. Ragghianti — 4/24/97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MACKEY, CHERYL		1.2 NAME		
STREET ADDRESS	2604 BROOKER TRACE LN.		1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAYO, DARREL		2.2 NAME		
STREET ADDRESS	2617 BROOKER TRACE LN.		2.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-ST-ZIP		
TITLE	~~SD~~	☐ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	RAGGHIANTI, RIC		3.2 NAME		
STREET ADDRESS	2606 BROOKER TRACE LN.		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		3.4 CITY-ST-ZIP		
TITLE	~~TD~~	☐ DELETE	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	WATKINS, ~~DARYL~~		4.2 NAME	Watkins, Michelle	
STREET ADDRESS	2614 BROOKER TRACE LN.		4.3 STREET ADDRESS	2614 Brooker Trace LN	
CITY-ST-ZIP	VALRICO FL 33594		4.4 CITY-ST-ZIP	Valrico FL 33594	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Eric S. Ragghianti — 4/24/97 — 813-288-0040
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone # 0046657