2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# N23487

Entity Name: BROOKER TRACE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2601 BROOKER TRACE LANE
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

2609 BROOKER TRACELANE
VALRICO, FL 33594 US

New Mailing Address:

FEI Number: 65-0156867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAAS, CHERYL Y
2609 BROOKER TRACE LANE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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:

Title: P/D ( ) Delete
Name: ROTH, PAUL
Address: 2604 BROOKER TRACE LANE
City-St-Zip: VALRICO, FL 33594 US

Title: V/D ( ) Delete
Name: REVIS, LEE
Address: 2613 BROOKER TRACE LANE
City-St-Zip: VALRICO, FL 33594 US

Title: S/D ( ) Delete
Name: RAWLS, PEGGY
Address: 2605 BROOKER TRACE LANE
City-St-Zip: VALRICO, FL 33594 US

Title: T/D ( ) Delete
Name: MAAS, CHERYL Y
Address: 2609 BROOKER TRACE LN
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL Y. MAAS T/D 04/04/2007

Electronic Signature of Signing Officer or Director — Date