2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23487

1. Entity Name

BROOKER TRACE SUBDIVISION HOMEOWNERS' ASSOCIATIO



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90738 005 ****61.25

N, INC.				CO WE T	TES						
•	ce of Business R TRACELANE 13594	Mailing Address 2618 BROOKER TRACELANE VALRICO FL 33594 US				l laniniri à	10 11406 11111 81841	1 8 311 3 88 1 8 3811 8 18	() 4 4 4 4 4 	2 11 210 11 1 10 1	
2. Principal I	Place of Business	3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	te	City & State			4.	4. FEI Number 65-0156867 Applied For					
Zip Country		Zip	untry		5. Certificate of Status Desired \$8.75 Addit					\exists	
	6 Name and Address of Courses	Desistenced Assert				7. Name and Address of New Registered Agent					4
	6. Name and Address of Current	negistered Agent		Name	7.	Name and	Address of Ne	W Registered /	\gent		\dashv
KYLE JE											
KYLE, JERRY M 2618 BROOKER TRACE LANE VALRICO FL 33594				Street Add		Box Number	is Not Accept	able)]
7721100			-	City				FL	Zip Cod	le	-
the obliga	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	register	ad office or re	egistered ag	jent, or both	, in the State o	f Florida. I am f	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registere	ed Agent signature	required when re	einstating)		DATE			
1											1
	FILE NOW: FEE IS \$61.25	9: Election Car			\$5.	00-мау-Ва	, <u> </u>	Make Check	. Payable	to	
		Trust Fund C	Contribut	ion. L		ed to Fees	Fic	orida Depart	ment of S	State	1.
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10.	OFFICERS AND DIF		11.	· +=			NGES TO OFF	ICERS AND DIF			₂ اـ
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NAME	BELTON, WILLIAM	,∟ Detete	NAM	ب ا	Datt:			i .	Change	☐ Addition	[5
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NAME	KYLE, JERRY M		NAM						onlings		
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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.