FILED

Aug 22, 2003 8:00 am Secretary of State

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

DOCUMENT # N24077

1. Entity Nan	BROOK OWNERS ASSOCIA				08-22	2-2003 90108 (002 ****61.2	.5	
Principal Place of Business 6028 CHESTER AVE SUITE 202 JACKSONVILLE FL 32217		Mailing Address P O BOX 57911 JACKSONVILLE FL 32241	P O 80X 57911		· · · · · · · · · · · · · · · · · · ·				
US									
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 59-2880300			pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Statu	s Desired 🔲	\$8.75 Add	ditional	
	6. Name and Address of Curre	ent Registered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and Addres	e of New Register	 _		
/ Manage and 184. 5	V. Hame and Address of Curr	AR HOGISTON AGOIL		ه دلود		2 OI MEM MAGISTER	en whenir		
PENN, PATRICA JANE Allew HAII				JANE HILEN-HALL					
	HIND R		Street Address (P.O. Box Number is Not Acceptable)			
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SUTTE 202 CHESTER AVE 1.008 PARK AVE SUTTE 202 Change PARK, 71			100	8	Pork H	VÉNUE_			
JAUNOU	NVILLE PL 3221/	320	- > City (2)		\sim		Zip Cod	le 3 3	
0 The -base	e named entity submits this statemen			rans				073	
	tions of registered agent.	it for the purpose of changing its	registered office or fi	registere	so agent, or both, in the	State of Florida. T	am (amojai wiji),	and accept	
	I Ca Callan	X1.10 /20		(Ta.	4	P-1.	-03		
SIGNATURE	_ Vall Ittim	The I lead	Corred C	<i>S</i>	en	_			
	Signature, typed or printed name of registered as	jent and title if applicable.	: Registered Agent signature	re required v	when reinstating)	DA	il E		
			npaign Financing ontribution.		\$5.00 May Be Added to Fees		eck Payable partment of S		
After Sept	tember 10, 2003, min will be	\$236.25 Trust Fund C	ontribution.		Added to Fees	Florida De	partment of S	State	
After Sept	tèmber 10, 2003, min will be OFFICERS AND	\$236.25 Trust Fund C	ontribution.			Florida De	DIRECTORS IN	State	
After Sept	OFFICERS AND	\$236.25 Trust Fund C	ontribution.		Added to Fees	Florida De	partment of S	State	
10. TITLE NAME	OFFICERS AND PD BARKER, KRISTY	\$236.25 Trust Fund C	11. TITLE NAME		Added to Fees	Florida De	DIRECTORS IN	State	
10. TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND BARKER, KRISTY 433 BAYBROOK DRIVE	\$236.25 Trust Fund C	11. TITLE NAME STREET ADDRESS		Added to Fees	Florida De	DIRECTORS IN	State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND PD BARKER, KRISTY 433 BAYBROOK DRIVE ORANGE PARK FL 32073	\$236.25 Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Added to Fees	Florida De	D DIRECTORS IN Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PD BARKER, KRISTY 433 BAYBROOK DRIVE ORANGE PARK FL 32073 D	\$236.25 Trust Fund C	11. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE		Added to Fees	Florida De	DIRECTORS IN	State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND OFFICERS AND PD BARKER, KRISTY 433 BAYBROOK DRIVE ORANGE PARK FL 32073 D RUSSELL, WILLIAM	\$236.25 Trust Fund C	11. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME		Added to Fees	Florida De	D DIRECTORS IN Change	N 10 Addition	
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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.

904-278-2621