

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001604 (7)

1. Corporation Name

BROOKHOLLOW OWNERS ASSOCIATION, INC.

Principal Place of Business

11217 SAN JOSE BLVD.
JACKSONVILLE FL 32223

Mailing Address

11217 SAN JOSE BLVD.
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

4. FEI Number

59-3254901

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This Corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 2215 EAST STATE ROAD 200

2a. Mailing Address

26 P O BOX 1408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 YULEE FL

City & State
28 FERNANDINA BEACH FL

Zip
24 32097

Country
25 US

Zip
29 32035-1408

Country
30 US

9. Name and Address of Current Registered Agent

NEWTON, CLIFFORD B
10192 SAN JOSE BLVD.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

TERRELL J POWELL

82 Street Address (P.O. Box Number is Not Acceptable)
2215 EAST STATE ROAD 200

83

84 City

YULEE

FL

85 Zip Code

32097

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Terrell J. Powell
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

3.31.95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

JOHNS, KENNETH L JR.
11217 SAN JOSE BLVD.
JACKSONVILLE FL 32223

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

DUNBAR, DEBORAH
11217 SAN JOSE BLVD.
JACKSONVILLE FL 32223

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

COX, EUNORE
11217 SAN JOSE BLVD.
JACKSONVILLE FL 32223

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(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 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:

Deborah H. Dunbar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH H. DUNBAR

4/5/95

904/262-7718