

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90132 012 \*\*\*\*61.25

**DOCUMENT # N94000001604**

1. Entity Name

**BRQOKHOLLOW OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**C/O SIGNATURE REALTY  
 9889-1 SAN JOSE BLVD  
 JACKSONVILLE FL 32257  
 US**

**C/O SIGNATURE REALTY  
 9889-1 SAN JOSE BLVD  
 JACKSONVILLE FL 32257  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3254901**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANTRELL, BRYAN K  
 9889-1 SAN JOSE BOULEVARD  
 JACKSONVILLE FL 32257**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: NETTLES, CHARLES  Delete  
 STREET ADDRESS: 5656 BLUE PACIFIC DRIVE  
 CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: VD  Delete  
 NAME: ALLEN, ADAM  
 STREET ADDRESS: 10818 HIDDEN RIDGE COURT  
 CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE: VPD  Change  Addition  
 NAME: Allen, Kelly  
 STREET ADDRESS: 10818 Hidden Ridge Ct.  
 CITY-ST-ZIP: JACKSONVILLE, FL 32257

TITLE: SD  Delete  
 NAME: INTISU, ROSE ANN  
 STREET ADDRESS: 5607 JEREMY LN  
 CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
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 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

904 716 7886

Daytime Phone #

CR2E037 (10/00)