2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
02-25-2002 90019 006 ****61.25

DOCUMENT # N94000001604

1. Entity Name

BROOKHOLLOW 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

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Signature Realty & Management BK IN: 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NETTLES, CHARLES 5656 BLUE PACIFIC DRIVE JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Jim Hill 5608 Blue Pacific Drive Jacksonville FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALLEN, KELLY 10818 HIDDEN RIDGE COURT JACKSONVILLE FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D Ray Dozier 5444 Blue Pacific Drive Jacksonville FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD INTISU, ROSE ANN 5607 JEREMY LN JACKSONVILLE FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Schad 5621 Blue Pacific Drive Jacksonville FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Cooper 5473 Hidden Ridge Drive Jacksonville FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Charles Nettles 2-10-02 904 716 7686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #