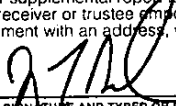


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90212 038 ****61.25

DOCUMENT # N94000001604 1. Entity Name BROOKHOLLOW OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O SIGNATURE REALTY 9889-1 SAN JOSE BLVD JACKSONVILLE, FL 32257 US			Mailing Address C/O SIGNATURE REALTY 9889-1 SAN JOSE BLVD JACKSONVILLE, FL 32257 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3254901	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CANTRELL, BRYAN K SIGNATURE REALTY & MANAGEMENT 4003 HARTLEY RD. JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAN PELT, NANCY 10832 BLUE PACIFIC DR. JACKSONVILLE, FL 32257		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOZIER, RAY 5494 BLUE PACIFIC DR JACKSONVILLE, FL 32257		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROYAL, JIM 10826 BLUE PACIFIC CT. JACKSONVILLE, FL 32257		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENAVIDES, MARIA 5457 BLUE PACIFIC DR. JACKSONVILLE, FL 32257		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, JENNIFER 5497 BLUE PACIFIC DR. JACKSONVILLE, FL 32257		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  JAMES T. ROYAL 4/20/06 (904) 292 2850					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					