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

## DOCUMENT # N9400001604

1. Entity Name

## BROOKHOLLOW OWNERS ASSOCIATION, INC.



**FILED** Feb 27, 2003 8:00 am Secretary of State
02-27-2003 90152 003 \*\*\*\*61.25

			See WE IF					
Principal Place of Business C/O SIGNATURE REALTY 9689-1 SAN JOSE BLVD JACKSONVILLE FL 32257 US		Mailing Address C/O SIGNATURE REALTY 9889-1 SAN JOSE BLVD JACKSONVILLE FL 32257 US		† 4000 (100 CD	AIF BIBIT BOMI BBAN BBIST BBST	<b>88  8</b> 1    <b> 358  8</b>   1	PAIKI TYJŲ IPJI	
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-3254901		<b>├</b> ──	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Ac	lditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
. ــــــــــــــــــــــــــــــــــــ		ستعابات المستنيان المحيد المستان	Name					
SIGNATU	ill, bryan k Jre realty & management		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	SAN JOSE BOULEVARD NVILLE FL 32257		City		,	Zip Cod	†o	
	named entity submits this statement for		'		F	<b>L</b>		
SIGNATURE _	ions of registered agent.  Signature, typed or printed name of registered agent	and little if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating)	DATE			
F	FILE NOW: FEE IS \$61.25	I	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 DII	RECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND D	IRECTORS IN	I 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NETTLES, CHARLES 5656 BLUE PACIFIC DRIVE JACKSONVILLE FL 32257	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HILL, JIM 5608 BLUE PACIFIC DRIVE JACKSONVILLE FL 32257	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dozier, ray 5444 blue pacific drive Jacksonville FL 32257	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	e and the control of	, <u></u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAD, TOM 5621 BLUE PACIFIC DRIVE JACKSONVILLE FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, ROBERT 5473 BLUE PACIFIC DRIVE JACKSONVILLE FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	· Delete /	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

I hereby certify that the information supplied with this filing does not quality 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.