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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90082 028 \*\*\*\*61.25

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1. Corporation Name

BROOKE RIDGE HOMEOWNERS ASSOCIATION  
OF PINELLAS COUNTY, INC

Principal Place of Business

Mailing Address

12588- CAPRI CIR N  
TREASURE IS, FL  
33706

P.O. Box 3516  
SEMINOLE  
FL 33725

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07/3/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3479518

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional

23

28

Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be

24

25

29

30

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEA BEATTY  
12588- CAPRI CIR. N  
TREASURE IS, FL 33706

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Bea Beatty

4-7-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME D BEA BEATTY

1.2 NAME

STREET ADDRESS 12588- CAPRI CIR. N.

1.3 STREET ADDRESS

CITY-ST-ZIP TREASURE IS, FL 33706

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME D STEVEN BEATTY

2.2 NAME

STREET ADDRESS 1- MANGROVE PT.

2.3 STREET ADDRESS

CITY-ST-ZIP ST-PETE BEACH, FL 33706

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME D FRANCESCA BEATTY

3.2 NAME

STREET ADDRESS 1- MANGROVE PT

3.3 STREET ADDRESS

CITY-ST-ZIP ST PETE BEACH, FL 33706

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bea Beatty

4-7-99

Date

727-363-3626

Daytime Phone #

CR2E037 (11/98)