

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90186 001 \*\*\*183.75

DOCUMENT # N99000005390

1. Entity Name

BROOKESTONE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

385 DOUGLAS AVENUE #1000
ALTAMONTE SPRINGS FL 32714

385 DOUGLAS AVENUE #1000
ALTAMONTE SPRINGS FL 32714-3339

2. Principal Place of Business

3. Mailing Address

1416 Concord St. East
Suite, Apt. #, etc.

P.O. Box 531010
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number

Applied For
Not Applicable

Zip
32803

Country
US

Zip
32853-1010

Country
US

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

CENTEX REAL ESTATE CORPORATION
385 DOUGLAS AVENUE #1000
ALTAMONTE SPRINGS FL 32714

The Melrose Corporation
Street Address (P.O. Box Number is Not Acceptable)
1416 Concord St, East
Orlando FL 32803

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

[Handwritten Signature]

Jack B. Hanson

4-26-00

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

Table with columns for Title, Name, Street Address, City-ST-ZIP, and Delete checkbox. Rows include Patrick Knight, Ralph Smith Jr., and Karoline Matthai.

Table with columns for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes. Rows include Phil Miles, James Makransky, and Kristen Stapleton.

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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...

SIGNATURE:

[Handwritten Signature] James W. Makransky

4/28/00 (407) 661-2174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #