2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Pincipal Place of Business Po Box 531010	DOCUMENT # N9900005390 1. Entity Name BROOKESTONE PROPERTY OWNERS ASSOCIATION, INC.						04	FILE DOCT 18 P		Ma	
Sute. Apt. 4. etc. Suite. Apt. 4. etc.	1600 W. COLONIAL DR.		PO BO	PO BOX 531010			TALI	LAHASSEE, F	FLORIDA		
City & State City & State Country City C	Principal Place of Business 3. M		3. Mailir	Mailing Address							
Second Second Second Se	Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			10112004 Ch	g-NP CF	R2E037 (10/03	3)	
6. Name and Address of Current Registered Agent Name	City & State		City	& State				9			
Name	Zip	Country	Zip		Country		5. Certificate of Sta	atus Desired	\$8.75 / Fee Requ	Additional iired	
Signature 8. The above named onthy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 10/18/0401070003 **61.25 SIGNATURE SUPPAIRM, hele or primed name of mylowed agent are the ill section. Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Certifibution. DIT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. SIRET ADDRESS OTY-51-2P Debte ITIE. DVP ALTAMONTE SPRINGS, FL 32714 Debte TIE. DVP DVP Debte TIE. DVP DVP DVP DVP DVP DVP DVP DV	6. Name and Address of Current Registered Agent						7. Name and Addr	ress of New Regist	tered Agent		
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. 10/18/0401070003	1600 W. COLONIAL DR.										
SIGNATURE Signature Signa	ORLANDO, FL 32804			'							
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NAME STREET ADDRESS CITY-ST-ZIP Coee, FL 3476 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:	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DST— KENNEY, SHAWN 385 DOUGLAS AVE STE ALTAMONTE SPRINGS, DP MAKRANSKY, JAMES 385 DOUGLAS AVE STE ALTAMONTE SPRINGS, DVP SHEELER, LAWRENCE 385 DOUGLAS AVE STE	= 2000 , FL 32714 = 2000 , FL 32714	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME NAME	7. 5 us. 559 Oco 7 Grove Oco 7	san Mabiner Highbroom Frey Jones Frey Jones Frey Flea Lee, FL 3 Her Crawfo Patriots Die, FL 3 Newson Hurtingter Lee, FL 3	ke Blud. 14761 sant Dr. 4761 Foint Dr. 4761 Pines Dr.	- Chang	ge Addition ge Addition ge Addition	
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