

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000005390

1. Entity Name
BROOKESTONE PROPERTY OWNERS ASSOCIATION, INC.



FILED

04 OCT 18 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business
1600 W. COLONIAL DR.
ORLANDO, FL 32804

Mailing Address
PO BOX 531010
ORLANDO, FL 32853-1010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3667909

Applied For
Not Applicable

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

MELROSE MANAGEMENT GROUP
1600 W. COLONIAL DR.
ORLANDO, FL 32804

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.

300041939279
10/18/04--01070--003 **\$61.25

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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	DST	<input checked="" type="checkbox"/> Delete
NAME	KENNEY, SHAWN	
STREET ADDRESS	385 DOUGLAS AVE STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MAKRANSKY, JAMES	
STREET ADDRESS	385 DOUGLAS AVE STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SHEELER, LAWRENCE	
STREET ADDRESS	385 DOUGLAS AVE STE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dir	<input type="checkbox"/> Delete
NAME	Marcie Mathews	<u>Add</u>
STREET ADDRESS	917 Patriots Point Dr.	
CITY-ST-ZIP	Ocoee, FL 34761	

TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Mabie	
STREET ADDRESS	559 Highbrooke Blvd.	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Jones	
STREET ADDRESS	805 Mt. Pleasant Dr.	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grover Crawford	
STREET ADDRESS	849 Patriots Point Dr.	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Newsom	
STREET ADDRESS	671 Huntington Pines Dr.	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheri Townley	
STREET ADDRESS	304 Belhaven Falls Dr.	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jackie Lewis	
STREET ADDRESS	1929 Tumblewater Blvd.	
CITY-ST-ZIP	Ocoee, FL 34761	

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:

[Handwritten signature: Jackie Lewis]

10/11/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #