

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005390

FILED
Apr 14, 2005
Secretary of State

Entity Name: BROOKESTONE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1600 W. COLONIAL DR.
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

PO BOX 531010
ORLANDO, FL 328531010

New Mailing Address:

FEI Number: 59-3667909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MABIE, SUSSAN
Address: 559 Highbrooke Blvd.
City-St-Zip: OCOEE, FL 34761 US

Title: V () Delete
Name: JONES, JEFFREY
Address: 805 MT. PLEASANT DR.
City-St-Zip: OCOEE, FL 34761 US

Title: T () Delete
Name: CRAWFORD, GROVER
Address: 849 PATRIOTS POINT DR.
City-St-Zip: OCOEE, FL 34761 US

Title: S () Delete
Name: NEWSOM, BILL
Address: 671 HUNTINGTON PINES DR.
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: TOWNLEY, CHERI
Address: 304 BELHAVEN FALLS DR.
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: LEWIS, JACKIE
Address: 1929 TUMBLE WATER BLVD.
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JONES, JEFFREY
Address: 805 MT. PLEASANT DR.
City-St-Zip: OCOEE, FL 34761 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSSE MABIE

P

04/14/2005

Electronic Signature of Signing Officer or Director

Date