2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003834

1. Entity Name
BROOKE RIDGE HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
1525 ALEXANDER WAY CLEARWATER, FL 33756	1525 ALEXANDER WAY CLEARWATER, FL 33756

01142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3479518
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILES, NONA
1525 ALEXANDER WAY
CLEARWATER, FL 33756

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILES, NONA
STREET ADDRESS	1525 ALEXANDER WAY
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	VP
NAME	SCHROEDER, DEBORAH
STREET ADDRESS	1320 ALEXANDER WAY
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	T
NAME	KIRKPATRICK, MICHAEL
STREET ADDRESS	1230 ALEXANDER WAY
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	S
NAME	COUSINO, JAMES
STREET ADDRESS	1420 ALEXANDER WAY
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80010-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M E Kirkpatrick 1-14-06 (727)587-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #