2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005390

FILED Mar 26, 2008 Secretary of State

Entity Name: BROOKESTONE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1600 WEST COLONIAL DR. 2582 SOUTH MAGUIRE RD

ORLANDO, FL 32804 318

OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

PO BOX 531010 PO BOX 783367

ORLANDO, FL 32853 WINTER GARDEN, FL 34778

FEI Number: 59-3667909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JACK, HANSON SOLOMON, SPENCER

14443 PRUNNING WOOD PLACE 1600 WEST COLONIAL DR. ORLANDO, FL 32804 WINTER GARDEN, FL 34787

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: SPENCER SOLOMON 03/26/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

OCOEE, FL 34761 US

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OCOEE, FL 34761 US

() Delete (X) Change () Addition

JONES, JEFFREY ARLEN, DAVIS Name: Name: 805 MT. PLEASANT DR. Address: 1869 TUMBLEWATER BLVD Address: City-St-Zip: OCOEE, FL 34761 US City-St-Zip: OCOEE, FL 34761 US

Title: () Delete Title: (X) Change () Addition

COLLINS, KAYLA Name: JOHNSON, DARLENE Name: Address: 418 COVERED BRIDGE DRIVE Address: 459 BELLHAVEN FALLS DR City-St-Zip: OCOEE, FL 34761 US City-St-Zip: OCOEE, FL 34761 US

Title: () Delete Title: (X) Change () Addition

CASCONE, CHRISTIAN Name: RICKER, SCOTT Name: 323 HIGHBROOKE BLVD. 131 COVERED BRIDGE DR Address: Address:

Title: (X) Delete Title: () Change () Addition

TOWNLEY, CHERI Name: Name: 304 BELHAVEN FALLS DRIVE Address: Address:

City-St-Zip: OCOEE, FL 34761 City-St-Zip:

Title: Title: (X) Delete () Change () Addition

ARLEN, DAVID Name: Name: 1869 TUMBLEWATER BLVD. Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

NEWSOM, WILLIAM Name: Name: Address: 671 HUNTINGTON PINES DR. Address: OCOEE, FL 34761 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: SPENCER SOLOMON RΑ 03/26/2008