

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005390

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** BROOKESTONE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2582 SOUTH MAGUIRE RD  
318  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 783367  
WINTER GARDEN, FL 34778

**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:**

SOLOMON, SPENCER  
14443 PRUNNING WOOD PLACE  
WINTER GARDEN, FL 34787 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: PD ( ) Delete  
Name: ARLEN, DAVIS  
Address: 1869 TUMBLEWATER BLVD  
City-St-Zip: OCOEE, FL 34761 US

Title: VPD ( ) Delete  
Name: JOHNSON, DARLENE  
Address: 459 BELLHAVEN FALLS DR  
City-St-Zip: OCOEE, FL 34761 US

Title: TD ( ) Delete  
Name: RICKER, SCOTT  
Address: 131 COVERED BRIDGE DR  
City-St-Zip: OCOEE, FL 34761 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ELLERBEE, BUTCH  
Address: 674 HUNTINGTON PINES DR  
City-St-Zip: OCOEE, FL 34761 US

Title: VPD (X) Change ( ) Addition  
Name: DORMAN, DAVID  
Address: 295 HIGHBROOKE BLVD  
City-St-Zip: OCOEE, FL 34761 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: SPENCER SOLOMON

RA

02/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date