

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003834

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

1525 ALEXANDER WAY
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1525 ALEXANDER WAY
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3479518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, NONA
1525 ALEXANDER WAY
CLEARWATER, FL 33756 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: DP () Delete
Name: MILES, NONA
Address: 1525 ALEXANDER WAY
City-St-Zip: CLEARWATER, FL 33756 US

Title: DVP () Delete
Name: SCHROEDER, DEBORAH
Address: 1320 ALEXANDER WAY
City-St-Zip: CLEARWATER, FL 33756 US

Title: DT () Delete
Name: KIRKPATRICK, MICHAEL
Address: 1230 ALEXANDER WAY
City-St-Zip: CLEARWATER, FL 33756 US

Title: DS () Delete
Name: CARTER, JONI
Address: 1500 ALEXANDER WAY
City-St-Zip: CLEARWATER, FL 33756 US

Title: D () Delete
Name: ONEILL, DEBRA
Address: 1301 ALEXANDER WAY
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DS (X) Change () Addition
Name: MICELI, MARY
Address: 1321 ALEXANDER WAY
City-St-Zip: CLEARWATER, FL 33756 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: MICHAEL E. KIRKPATRICK

DT

04/29/2009

Electronic Signature of Signing Officer or Director

Date