

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003834

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

**FILED**  
**Feb 01, 2014**  
**Secretary of State**  
**CC8573677090**

**Current Principal Place of Business:**

1525 ALEXANDER WAY  
CLEARWATER, FL 33756

**Current Mailing Address:**

1525 ALEXANDER WAY  
CLEARWATER, FL 33756

**FEI Number: 59-3479518**

**Certificate of Status Desired: No**

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

MILES, NONA  
1525 ALEXANDER WAY  
CLEARWATER, FL 33756 US

*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

**Officer/Director Detail :**

Title DP  
Name MILES, NONA  
Address 1525 ALEXANDER WAY  
City-State-Zip: CLEARWATER FL 33756

Title DVP  
Name MICELI, MARY  
Address 1321 ALEXANDER WAY  
City-State-Zip: CLEARWATER FL 33756

Title DT  
Name KIRKPATRICK, MICHAEL  
Address 1230 ALEXANDER WAY  
City-State-Zip: CLEARWATER FL 33756

Title DS  
Name STANTZ, CHARLES  
Address 1251 ALEXANDER WAY  
City-State-Zip: CLEARWATER FL 33756

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL E. KIRKPATRICK**

**TREASURER**

**02/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date