FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90084 048 ****61.25

0052574

DOCUMENT # 722144

1. Corporation Name
BROOKWOOD, A YOUNG WOMEN'S RESIDENCE, INC.

Principal Place of Business	Mailing Address
901 7TH AVE. SOUTH ST PETERSBURG FL 33705	901 7TH AVE. SOUTH ST PETERSBURG FL 33705

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/22/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0624387 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MESMER, PAMELA J.
639 63RD ST. NORTH
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE X	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	NYE, WILLIAM		1.2 NAME	FOGLER, ANN	
STREET ADDRESS	3018 GLEN OAK AVE. NORTH		1.3 STREET ADDRESS	14928 FEATHER COVE ROAD	33762
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		CLEARWATER, FL
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	CAGGIANO, GAIL		2.2 NAME	STRAIN, ANGELA	
STREET ADDRESS	5253 DENVER ST NE		2.3 STREET ADDRESS	1969 ILLINOIS AVENUE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	TD	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	FISHER, BENJAMIN		3.2 NAME	Nye, William	
STREET ADDRESS	1250 BRIGHTWATERS BLVD NE		3.3 STREET ADDRESS	3018 Glen Oak Ave. No. Clearwater, Fl.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/24/99 727-823-7300 x5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #