

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90054 018 ****61.25

DOCUMENT # 757884					
1. Entity Name HOMEOWNERS OF BONNIE BROOK, INC.					
Principal Place of Business C/O CHESTER GEORGE 4021 ORKNEY AVENUE ORLANDO, FL 32809			Mailing Address C/O CHESTER GEORGE 4021 ORKNEY AVENUE ORLANDO, FL 32809		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2116177	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GEORGE, CHESTER 4021 ORKNEY AVE. ORLANDO, FL 32809			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARLEY, MIKE 6101 DUNNETT CT ORLANDO, FL 00000,	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUMBERBATCH, CECIL 6100 DUNNETT CT ORLANDO, FL 00000,	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLIN, BRASWELL 6109 GLEN BARR ORLANDO, FL 00000,	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEORGE, CHESTER 4021 ORKNEY AVE. ORLANDO, FL 00000,	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Chester George</i> CHESTER GEORGE				1/17/08 407-351-6994	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	