

DEPARTMENT OF STATE FILING FEE IS \$61.25

**FILED**  
**Feb 17, 1999 8:00am**  
**Secretary of State**

02-17-1999 90011 012 \*\*\*\*\*61.25

**DOCUMENT # 767660**

1. Corporation Name

**BROWNSVILLE STATION HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

611 CENTER ST  
FORT WALTON BEACH FL 32547

Mailing Address

24 LAKEWOOD ST  
MARY ESTHER FL 32569



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/24/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2376210

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUCE, HOWARD  
24 LAKEWOOD ST  
MARY ESTHER FL 32569

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS CRUCE, HOWARD  
CITY-ST-ZIP 24 LAKEWOOD ST  
MARY ESTHER FL 32569

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS WAUGH, JAMES G.  
CITY-ST-ZIP 422 PELHAM ROAD  
FT WALTON BCH FL 32547

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS WAUGH, ANN  
CITY-ST-ZIP 422 PELHAM RD  
FT WALTON BCH FL 32547

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/99

850 244 3284

CR2E037 (1/98)