



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90512 023 ****61.25

DOCUMENT # 767660 1. Entity Name BROWNSVILLE STATION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 611 CENTER STREET UNIT #11 FORT WALTON BEACH FL 32547			Mailing Address 4607 HICKORY SHORES BLVD. GULF BREEZE FL 32563		
2. Principal Place of Business 611 Center Street Suite, Apt. #, etc. Unit #16 City & State Fort Walton Beach, FL Zip Country 32547 U. S.		3. Mailing Address 611 Center Street Suite, Apt. #, etc. Unit #16 City & State Fort Walton Beach, FL Zip Country 32547 U.S.		 MOORE CR2E037 (11/03)	
4. FEI Number 59-2376210				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH-PLUNKET, LAURIE 611 CENTER STREET UNIT #11 FORT WALTON BEACH FL 32547			7. Name and Address of New Registered Agent Name Chatman, Darlene Street Address (P.O. Box Number is Not Acceptable) 611 Center St. Unit #16 City Ft. Walton Beach FL Zip Code 32547		
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 <u><i>Darlene Chatman</i></u> DARLENE CHATMAN <u>4/21/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD SMITH-PLUNKET, LAURIE 4607 HICKORY SHORES BLVD. GULF BREEZE FL 32563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Chatman, Darlene 611 Center St. Unit #16 Ft. Walton Beach, FL. 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EVANS, NORMAN 611 CENTER ST #2 FORT WALTON BEACH FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Evans, Norman 611 Center St. #12 Ft. Walton Beach, FL. 32537 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAUGH, JAMES 422 PELHAM ROAD FORT WALTON BEACH FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Douglas, James 611 Center St. #11 Ft. Walton Beach, FL. 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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: <u><i>Darlene Chatman</i></u> DARLENE CHATMAN <u>4/21/04</u> 850 8635773 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					