


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90018 020 \*\*\*\*61.25

<b>DOCUMENT # 767660</b> 1. Entity Name BROWNSVILLE STATION HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 611 CTR ST UNIT 7 FORT WALTON BEACH, FL 32547		Mailing Address 611 CTR ST UNIT 7 FORT WALTON BEACH, FL 32547	
2. Principal Place of Business - No P.O. Box # 611 CENTER ST UNIT		3. Mailing Address 611 CENTER ST UNIT	
Suite, Apt. #, etc. UNIT		Suite, Apt. #, etc. UNIT	
City & State FORT WALTON BCH, FL		City & State FT WALTON BCH, FL	
Zip 32547		Zip 32547	
Country		Country	
4. FEI Number 59-2376210		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DAVIS, SHERRI 611 CTR ST 7 FORT WALTON BEACH, FL 32547		7. Name and Address of New Registered Agent Name <u>DARLENE CHATMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>611 CENTER ST UNIT #16</u> City <u>FT. WALTON BEACH</u> FL Zip Code <u>32547</u>	
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>Darlene Chatman</u> (NOTE: Registered Agent signature required when reinstating)		DATE <u>5-2-08</u>	
Filing Fee is \$61.25 Due by September 12, 2008		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 DAVIS, SHERRI 611 CENTER STREET, UNIT #16 FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHATMAN, DARLENE 611 CENTER ST UNIT 16 FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EVANS, NORMAN 611 CENTER STREET, UNIT #12 FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JEAN ROBERTSON 4 IDLEWILD CT FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DOUGLAS, JAMES 611 CENTER STREET, UNIT #11 FORT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHRISTEN NEWMAN 611 CENTER ST UNIT 11 FT WALTON BEACH, FL 32547
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 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: <u>Darlene Chatman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>5-2-08</u> Daytime Phone # <u>850863-5773</u>	