


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90102 024 \*\*\*\*61.25

<b>DOCUMENT # N00000007086</b>	
1. Entity Name <b>BRUSSELS BOY HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business 9300 N. 16TH STREET 101 TAMPA, FL 33612-8698	Mailing Address 9300 N. 16TH STREET 101 TAMPA, FL 33612-8698
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2. Principal Place of Business - No P.O. Box # 10427 GOSHAWK DRIVE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 2247 Suite, Apt. #, etc.
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City & State RIVERVIEW, FLORIDA	City & State RIVERVIEW, FLORIDA
Zip 33569	Country USA
Zip 33568-2247	Country USA

6. Name and Address of Current Registered Agent  WINFIELD, JANET 9300 N. 16TH STREET 101 TAMPA, FL 33612-8698	
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7. Name and Address of New Registered Agent Name JACKY MILLER Street Address (P.O. Box Number is Not Acceptable) 10427 GOSHAWK DRIVE City RIVERVIEW FL Zip Code 33569	
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 <i>Jacky Miller</i>	DATE 01-18-07

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINNO, PATRICIA 10416 GOSHAWK DRIVE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKY MILLER 10426 GOSHAWK DRIVE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEESE, PEGGY 11009 BRUSSELS BOY LANE TAMPA, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARD CATO 10430 GOSHAWK DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAINS, LINDA 11310 BRUSSELS BOY LANE TAMPA, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL HARVEY 10426 GOSHAWK DRIVE RIVERVIEW, FL 33569 <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	T DANIEL BENBASSAT 11110 BRUSSELS BOY LANE RIVERVIEW, FL 33569 <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

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>Jacky Miller</i>	DATE 01-18-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 813-569-4646