2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # N00000007086 04-11-2008 90050 027 ****61.25 BRUSSELS BOY HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business P 0 BOX 2247 RIVERVIEW, FL 101 RIVERVIEW, FL 33568 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 10404 EAGLE SAME -Suite, Apt. #, etc. 03262008 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number NOT APPLICABLE Cibra& State KIVERVIEU Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENDER JOHNSON MILLER, JACKY Pax Number is Not Acceptable) Rox Number is Not Acceptable) 10427 GOSHAWK DRIVE Street Addres 10403 EAGLE RIVERVIEW, FL 33569 City RIVERVIEW, 8. The above named entry 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 r DANDRA JOHNSON unson SIGNATURE \$5.00 May Be Filing Fee is \$61,25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Due by May 1, 2008 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. P. Delete TITLE TITLE Addition TRAHAN, HDAM (D) 10404 EAGLE PERCH CT. RIVERVIEW. FL. 33578 MILLER, JACKY NAME NAME STREET ADDRESS 10426 GOSHAWK DR STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP CITY-ST-ZIP LAWLESS SUE (D) A 10401 EAGLE PERCHCT. (Addition Delete TITLE TITLE **□**Change CATO, RICHARD NAME NAME STREET ADDRESS 10430 GOSHAWK DR STREET ADDRESS RIVERVIEW, FL 33578 CITY-ST-ZIP TAMPA, FL 33569 CITY-ST-ZIP TITLE Delete TITLE Addition JONES, CECIL (D) 10607 GOSHAWK PLACE HARVEY, CAROL NAME NAME STREET ADDRESS 10425 GOSHAWK DR STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP RIVERVIEW FL. 33578 CITY-ST-7/P TITLE Delete TITLE ☐ Change (Da Addition JOHNSON, S'ANDRA (O) NAME BENBASSAT, DANIEL T NAME 10403 EAGLE PERCHET. 11110 BRUSSELS BOY LN STREET ADDRESS STREET ADDRESS RIVERVIEW. FL. 33578 CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP TRUSTEC RULAPAUGH, AUDREY(D) Change TITLE TITLE ☐ Delete (Addition NAME NAME 11012 BRUSSEL BOY LANE STREET ADDRESS STREET ADDRESS RIVERVIEW FL. 33578 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied ental report is tropped 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. MANEO OF SIGNING OFFICER OR DIRECTION