2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2007
Secretary of State

DOCUMENT# N01000008380

Entity Name: BROOKWOOD FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1905 APPLEGATE COVE
CASSELBERRY, FL 32707

New Principal Place of Business:

200 BLUESTONE PLACE
CASSELBERRY, FL 32707

Current Mailing Address:

P.O. BOX 182165
CASSELBERRY, FL 32718

New Mailing Address:

FEI Number: 75-3015742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KACSO, PATRICIA
1909 APPLEGATE COVE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MACCHIA, KATHY
Address: 1905 APPLEGATE COVE
City-St-Zip: CASSELBERRY, FL 32707

Title: VS ( ) Delete
Name: WIGGINS, SANDI
Address: 252 BLUESTONE PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: VT ( ) Delete
Name: KACSO, PATRICIA
Address: 1909 APPLEGATE COVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PATRICK, MIKE
Address: 200 BLUESTONE PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: VS (X) Change ( ) Addition
Name: MACCHIA, KATHY
Address: 1905 APPLEGATE COVE
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PMKACSO VT 04/01/2007

Electronic Signature of Signing Officer or Director — Date