

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 15, 2011**  
**Secretary of State**

DOCUMENT# N01000008380

**Entity Name:** BROOKWOOD FOREST HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**200 BLUESTONE PLACE  
CASSELBERRY, FL 32707**New Principal Place of Business:**236 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 MS  
1905 APPLGATE COVE  
CASSELBERRY, FL 32707 US**Name and Address of New Registered Agent:**SLONE, LOUIS  
236 BLUESTONE PLACE  
CASSELBERRY, FL 32707 US

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: LOUIS SLONE

08/15/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** PRES  
**Name:** LINDA, KOHN MRS  
**Address:** 248 BLUESTONE PLACE  
**City-St-Zip:** CASSELBERRY, FL 32707**Title:** VP/T  
**Name:** SLONE, LOUIS MR  
**Address:** 236 BLUESTONE PLACE  
**City-St-Zip:** CASSELBERRY, FL 32707

I hereby 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 all other like empowered.

SIGNATURE: LOUIS SLONE

VP/T

08/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date