

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90289 025 ****61.25

DOCUMENT # N02000001990

1. Entity Name
BROOKER CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business
**777 S HARBOUR ISLAND BLVD STE 877
TAMPA, FL 33602**

Mailing Address
**777 S HARBOUR ISLAND BLVD STE 877
TAMPA, FL 33602**

40070170



DO NOT WRITE IN THIS SPACE

03292006 No Chg-NP CR2E037 (11/05)

4. FEI Number
68-0497756

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARROD, GARY W
777 S. HARBOUR ISLAND BLVD.
SUITE 877
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

4-10-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
HARROD, GARY W
777 S HARBOUR ISLAND BLVD STE 877
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MAYAR, GRAHAM
777 S. HARBOUR ISLAND DRIVE
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NELSON, BEN
777 S HARBOUR ISLAND BLVD STE 877
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
WEBSTER, ROBERT C II
777 S HARBOUR ISLAND BLVD STE 877
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOHNSON, DANIEL
375 PATRICIA AVE
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
BENNETT, PATTI A
777 S HARBOUR ISLAND BLVD STE 877
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

Date

Daytime Phone #