
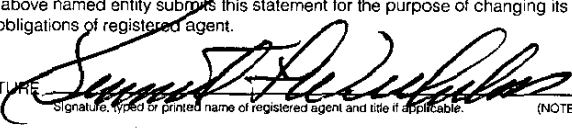
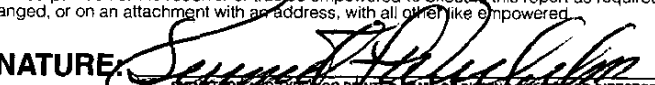


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90016 040 ****61.25

DOCUMENT # N02000006779 1. Entity Name BROOKE LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5100 US 98N #15 LAKELAND, FL 33809			Mailing Address 5529 US 98N LAKELAND, FL 33809		
2. Principal Place of Business 5529 U.S. 98N			3. Mailing Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lakeland, FL			City & State		
Zip 33809		Country		4. FEI Number 13-4252319	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILHELM, KENNETH F 5100 US 98N #15 LAKELAND, FL 33809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5529 US 98N City Lakeland FL Zip Code 33809	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		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					
10. OFFICERS AND DIRECTORS					
TITLE	<input type="checkbox"/> Delete				
NAME	D SAUNDERS, JOE L.				
STREET ADDRESS	5100 US 98N #15 5529 US Hwy 98N				
CITY-ST-ZIP	LAKELAND, FL 33809				
TITLE	<input type="checkbox"/> Delete				
NAME	DP SAUNDERS, LEE				
STREET ADDRESS	5100 US 98N #15 5529 US Hwy 98N				
CITY-ST-ZIP	LAKELAND, FL 33809				
TITLE	<input type="checkbox"/> Delete				
NAME	DST WILHELM, KENNETH F				
STREET ADDRESS	5100 US 98N #15 5529 US Hwy 98N				
CITY-ST-ZIP	LAKELAND, FL 33809				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  DATE 8-17-04 DAYTIME PHONE 863/882-4399 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

54069461



08162004 Chg-NP CR2E037 (10/03)