


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**

54069461



2. Principal Place of Business
5529 U.S. 98N

3. Mailing Address
 Suite, Apt. #, etc.

08162004 Chg-NP CR2E037 (10/03)

City & State
Lakeland, FL

City & State
 City & State

Zip
33809 Country

Zip Country

4. FEI Number
13-4252319

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
 Lakeland FL 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 *Summit H. Wilhelm*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 8, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, JOE L	
STREET ADDRESS	5100 US 98N #15 5529 US Hwy 98N	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SAUNDERS, LEE	
STREET ADDRESS	5100 US 98N #15 5529 US Hwy 98N	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	DST	<input type="checkbox"/> Delete
NAME	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		

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		
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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 *Summit H. Wilhelm*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-04 **863/868-4399**
 Date Daytime Phone #