


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

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| DOCUMENT # N02000006779 1. Entity Name BROOKE LAKES HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 5529 U.S. 98 N. LAKELAND, FL 33809 | Mailing Address 5529 US 98N LAKELAND, FL 33809 |
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01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 13-4252319 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WILHELM, KENNETH F 5529 U.S. 98 N. LAKELAND, FL 33809 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAUNDERS, JOE L 5529 U.S. 98 N. LAKELAND, FL 33809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SAUNDERS, LEE 5529 U.S. 98 N. LAKELAND, FL 33809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST WILHELM, KENNETH F 5529 U.S. 98 N. LAKELAND, FL 33809 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| <p>U00000649403 03/07/07-80047-019 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 Date _____ Daytime Phone # _____