

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000378

FILED
Mar 22, 2007
Secretary of State

Entity Name: BROKEN BOW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

Current Mailing Address:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

FEI Number: 55-0827307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE J
1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

BARKIN, MICHELE J
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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:

03/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KROPP, CARL
Address: 5925 BROKEN BOW
City-St-Zip: PORT ORANGE, FL 32127

Title: DVP () Delete
Name: STRAKA, RICHARD
Address: 5932 BROKEN BOW
City-St-Zip: PORT ORANGE, FL 32127

Title: DST () Delete
Name: NELSON, CHASTITY
Address: 5918 BROKEN BOW
City-St-Zip: ORMOND BEACH, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: NELSON, CHASTITY
Address: 5918 BROKEN BOW
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARL KROPP

DP

03/22/2007

Electronic Signature of Signing Officer or Director

Date