

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

**FILED  
May 03, 2006  
Secretary of State**

DOCUMENT# N03000007741

**Entity Name:** BROWN'S HOMES TRIPLEX HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5231 NW 12TH ST  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

5231 NW 12TH ST  
LAUDERHILL, FL 33313

**New Mailing Address:**

**FEI Number:** 05-0605315      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PONDER, DARLENE  
5231 NW 12TH ST  
LAUDERHILL, FL 33313      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: BROWN, HENRY JR  
Address: 1321 NW 46TH AVE  
City-St-Zip: LAUDERHILL, FL 33313

Title: PD ( ) Delete  
Name: PONDER, DARLENE  
Address: 5231 NW 12TH ST  
City-St-Zip: LAUDERHILL, FL 33313

Title: STD ( ) Delete  
Name: BROWN, HENRY III  
Address: 4012 EASTRIDGE CIR  
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: DARLENE PONDER

PD

05/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date