

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-08-2004 90006 032 ****61.25

DOCUMENT # N03000007839

1. Entity Name
LAKE BROOKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**PMB 27
3813-7 NORTH MONROE STREET
TALLAHASSEE FL 32303**

Mailing Address
**PMB 27
3813-7 NORTH MONROE STREET
TALLAHASSEE FL 32303**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E037 (11/03)

4. FEI Number
20-0257145

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, SUSAN S
3520-THONASVILLE ROAD
4TH FLOOR
TALLAHASSEE FL 32309**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BALDWIN, THOMAS L
2165 LAKE BROOKE DRIVE
TALLAHASSEE FL 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BALDWIN, JANA L
2165 LAKE BROOKE DRIVE
TALLAHASSEE FL 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BIBBEE, JULIE G
2154 LAKE BROOKE DRIVE
TALLAHASSEE FL 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY-TREASURER
JULIE G. MARKLEY
2179 LAKE BROOKE DR.
TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **Julie G. Markley** Date: **4/17/04** Daytime Phone #: **850-562-8075**

RECEIVED

APR 19 2004