

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

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000002845**

1. Entity Name

**BROOKS STREET LANDING COMMERCIAL  
CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business

**163-C BROOKS ST  
FT WALTON BCH, FL 32548**

Mailing Address

**163-C BROOKS ST  
FT WALTON BCH, FL 32548**

**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

**03-0545713**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MYERS, SUSAN S  
165 -C BROOKS ST SE  
FT OKALOOSA BCH, FL 32548**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MYERS, SUSAN
STREET ADDRESS	165-C BROOKS ST SE
CITY-STATE-ZIP	FT WALTON BCH, FL 32548
TITLE	D
NAME	KENT, MICHAEL G
STREET ADDRESS	205 BROOKS ST SE, SUITE B
CITY-STATE-ZIP	FT WALTON BCH, FL 32548
TITLE	ST
NAME	MITCHELL, EARL S
STREET ADDRESS	165-C BROOKS ST SE
CITY-STATE-ZIP	FT WALTON BCH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000001444996  
03/07/06-80020-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Susan S. Myers President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/06*  
DATE

*850-664-5066*  
Daytime Phone #