


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

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90009 020 ***150.00

DOCUMENT # N04000002845 1. Entity Name BROOKS STREET LANDING COMMERCIAL CONDOMINIUM OWNERS ASSOCIATION, INC.	
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Principal Place of Business 163-C BROOKS ST FT WALTON BCH, FL 32548	Mailing Address 163-C BROOKS ST FT WALTON BCH, FL 32548
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0545713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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**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 reinstating) DATE

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

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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 4/18/07 850-604-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #