
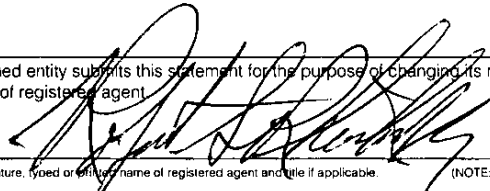
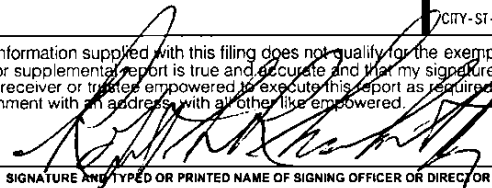


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 A.M.
Secretary of State

DOCUMENT # N04000005224 1. Entity Name BROOKWOOD TRACE CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 644 CAPITAL CIRCLE TALLAHASSEE, FL 32301			Mailing Address PO BOX 13089 TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RHINEHART, ROBERT S 644 CAPITAL CIRCLE NE TALLAHASSEE, FL 32301				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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/10/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLANO, DIANE 2014 MIDYETTE ROAD #207 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOREIRA, RICH 2014 MIDYETTE RD. #801 Tallahassee FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JONES, ALLISON 2014 MIDYETTE ROAD #605 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERNIGAN, JAMIE 2014 Midyette Rd, #103 Tallahassee FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST THOMPSON, BARBARA 2014 MIDYETTE ROAD #706 TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300102317583 05/14/07--01013--011 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, TAMARA 2014 MIDYETTE ROAD #203 TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300102317583 05/14/07--01013--011 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREIRA, ALISON 2014 MIDYETTE ROAD #801 TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300102317583 05/14/07--01013--011 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/10/07</u> <small>Date Daytime Phone #</small>	

5/1/07