

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005224

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** BROOKWOOD TRACE CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

644 CAPITAL CIRCLE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13089  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 51-0530644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RHINEHART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: THOMPSON, BARBARA  
Address: 2014 MIDYETTE RD UNIT 706  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: JONES, ALLISON  
Address: 2014 MIDYETTE ROAD #605  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: MOREIRA, RICH  
Address: 2014 MIDYETTE ROAD #801  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: JERNIGAN, JAMIE  
Address: 2014 MIDYETTE ROAD #103  
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: P (X) Change ( ) Addition  
Name: JONES, ALLISON  
Address: 2014 MIDYETTE RD UNIT 605  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP (X) Change ( ) Addition  
Name: JERNIGAN, JAMIE  
Address: 2014 MIDYETTE ROAD #103  
City-St-Zip: TALLAHASSEE, FL 32301

Title: S/T (X) Change ( ) Addition  
Name: THOMPSON, BARBARA  
Address: 2014 MIDYETTE ROAD #706  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change ( ) Addition  
Name: WATERS, COURTNEY B  
Address: 2014 MIDYETTE ROAD #404  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT S. RHINEHART

RA

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date