## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005224

FILED Feb 11, 2012 Secretary of State

Entity Name: BROOKWOOD TRACE CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

644 CAPITAL CIRCLE 2014 MIDYETTE RD. TALLAHASSE, FL 32301 TALLAHASSE, FL 32301

Current Mailing Address: New Mailing Address:

PO BOX 13089 P.O. BOX 12412

TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317

FEI Number: 51-0530644 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RHINEHART, ROBERT S CAM
644 CAPITAL CIRCLE NE
7ALLAHASSE, FL 32301 US
ELEKES, ANDREW
2014 MIDYETTE RD. #204
TALLAHASSE, FL 32301 US

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: ANDREW J ELEKES 02/11/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: SILLS, MICHAEL
Address: 5744 FOX BRIDGE WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: S

Name: LAND, COURTNEY

Address: 2014 MIDYETTE ROAD #404 City-St-Zip: TALLAHASSE, FL 32301

Title: P

Name: HIRAGA, PRIYA

Address: 2014 MIDYETTE ROAD #702 City-St-Zip: TALLAHASSEE, FL 32301

Title:

Name: MORO, BARBARA

Address: 2014 MIDYETTE ROAD #801 City-St-Zip: TALLAHASSEE, FL 32301

Title: VP

Name: WYNN, SHARON

Address: 2014 MIDYETTE ROAD #101 City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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 all other like empowered.

SIGNATURE: ANDREW J ELEKES MGRM 02/11/2012