

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011245

FILED
Mar 25, 2009
Secretary of State

Entity Name: BROOKSHIRE LANDING OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

465 W TOWN PLACE.
#100
MELBOURNE, FL 32902

Current Mailing Address:

465 W TOWN PLACE.
#100
MELBOURNE, FL 32902

New Principal Place of Business:

475 W TOWN PLACE.
#100
ST AUGUSTINE, FL 32092

New Mailing Address:

475 W TOWN PLACE.
#100
ST AUGUSTINE, FL 32092

FEI Number: 86-1162941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES
475 WEST TOWN PLACE STE 100
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

SEVERN TRENT SERVICES, INC.
475 WEST TOWN PLACE, STE 100
SAINT AUGUSTINE, FL 32092 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: SHELI MORAN AS AGENT

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAYNE, STEPHANIE
Address: 7212 RAMPART RIDGE CIR
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP () Delete
Name: SURLES, ANTHONY
Address: 7254 RAMPART RIDGE CIR
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Delete
Name: BROWN, ROBERT
Address: 7177 RAMPART RIDGE CIR
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: BROWN, ROMELL
Address: 7278 RAMPART RIDGE CIR
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COFFEY, LARRY
Address: 7146 RAMPART RIDGE CIR
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHANIE PAYNE

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date