

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002690

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** BROOKER CREEK NORTH II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5550 W EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

5550 W EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 20-5059478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARROD, GARY W  
5550 W EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609 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: HARROD, CHAD W  
Address: 5550 W EXECUTIVE DRIVE SUITE 550  
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete  
Name: WEBSTER, ROBERT C II  
Address: 5550 W EXECUTIVE DRIVE SUITE 550  
City-St-Zip: TAMPA, FL 33609

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

Title: D (X) Change ( ) Addition  
Name: MAVAR, GRAHAM  
Address: 5550 W EXECUTIVE DRIVE SUITE 550  
City-St-Zip: TAMPA, FL 33609

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: GRAHAM MAVAR

D

04/23/2009

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

\_\_\_\_\_  
Date