

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90017 011 \*\*\*\*61.25

<b>DOCUMENT # N06000002769</b>					
<b>1. Entity Name</b> GARDENBROOK HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5402 GARDENBROOKE BLVD MILTON, FL 32570			<b>Mailing Address</b> PO BOX 834 MILTON, FL 32572		
<b>2. Principal Place of Business - No P.O. Box #</b> 429 S NAVY BLVD Suite, Apt. #, etc. c/o myhomeSpot		<b>3. Mailing Address</b> 429 S NAVY BLVD Suite, Apt. #, etc. c/o MyHomeSpot			
<b>City &amp; State</b> PENSACOLA, FL		<b>City &amp; State</b> PENSACOLA, FL		<b>4. FEI Number</b> 90-0222046	
<b>Zip</b> 32507		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MOORHEAD, STEPHEN R 25 WEST GOVERNMENT STREET PENSACOLA, FL 32502			<b>7. Name and Address of New Registered Agent</b> Name: <u>DORSEY, GLENN</u> Street Address (P.O. Box Number is Not Acceptable): <u>429 S NAVY BLVD</u> City: <u>PENSACOLA</u> FL <u>32507</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> LEE, TERRY <b>STREET ADDRESS</b> 5402 GARDENBROOKE BLVD <b>CITY-ST-ZIP</b> MILTON, FL 32570	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> TRAVIS, LESLIE <b>STREET ADDRESS</b> 5178 GARDENBROOK BLVD <b>CITY-ST-ZIP</b> MILTON, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> DAVIS, JODI <b>STREET ADDRESS</b> 5410 GARDENBROOKE BLVD <b>CITY-ST-ZIP</b> MILTON, FL 32570	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> DAVIS, JODI <b>STREET ADDRESS</b> 5410 GARDENBROOK BLVD <b>CITY-ST-ZIP</b> MILTON, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> JACKSON, TRENT <b>STREET ADDRESS</b> 5321 MOUNTAIN LAUREL LN <b>CITY-ST-ZIP</b> MILTON, FL 32570	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> JACKSON, TRENT <b>STREET ADDRESS</b> → <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> GREY, JENNIFER <b>STREET ADDRESS</b> 5344 MOUNTAIN LAREL LN <b>CITY-ST-ZIP</b> MILTON, FL 32570	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> CELENZG, EUGENE <b>STREET ADDRESS</b> 5300 MOUNTAIN LAUREL LANE <b>CITY-ST-ZIP</b> MILTON, FL 32570	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> VUKOVCAN, JOSEPH <b>STREET ADDRESS</b> 5419 GARDENBROOK BLVD <b>CITY-ST-ZIP</b> MILTON, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> CLARK, DOUG <b>STREET ADDRESS</b> 5418 GARDENBROOK BLVD <b>CITY-ST-ZIP</b> MILTON, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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 the 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.</b>					
<b>SIGNATURE:</b> <u>Glenn Dorsey</u>			Date: _____ Daytime Phone #: <u>850/453-5555</u>		