
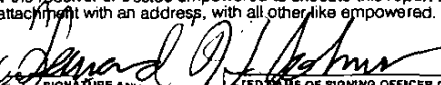


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

07-30-2007 90064 017 ****61.25

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # N06000011023 1. Entity Name BROOK LANE ESTATES HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 37837 MERIDIAN AVENUE, SUITE 100 DADE CITY, FL 33525 | | | Mailing Address 37837 MERIDIAN AVENUE, SUITE 100 DADE CITY, FL 33525 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 13005 Thoroughbred Dr. Suite, Apt. #, etc. | | | |
| City & State | | City & State Dade City, FL | | 4. FEI Number 26-0813226 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33525 | | Country USA | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent JOHNSON, LEONARD H 37837 MERIDIAN AVENUE, SUITE 100 DADE CITY, FL 33525 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> Filing Fee is \$61.25 Due by September 14, 2007 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div> <input checked="" type="checkbox"/> Make check payable to: Florida Department of State </div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COOK, JACK L 13005 THROUGHBRD DRIVE DADE CITY, FL 33525 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cook, Jack L. 13005 Thoroughbred Drive Dade City, FL 33525 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (correction) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COOK, JO ANN 13005 THROUGHBRD DRIVE DADE CITY, FL 33525 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cook, Jo Ann 13005 Thoroughbred Drive Dade City, FL 33525 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (correction) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, LEONARD H 37837 MERIDIAN AVENUE, SUITE 100 DADE CITY, FL 33525 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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 this 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. | | | | | |
| SIGNATURE:  | | | 8-31-07 (352) 567-2500 <small>Date Daytime Phone #</small> | | |
| <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |