

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 APR 30 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02272008 Chg-NP CR2E037 (12/06)

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1. Entity Name
BROOKS VILLAGE PROPERTY OWNERS' ASSOCIATION,
INC.



Principal Place of Business
5858 CENTRAL AVE.
ST. PETERSBURG, FL 33707

Mailing Address
5858 CENTRAL AVE.
ST. PETERSBURG, FL 33707

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-8613839

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE ACCESS, INC.
236 E. 6TH AVE.
TALLAHASSEE, FL 32303

Name FILIPPELLI, JOSEPH A.
Street Address (P.O. Box Number is Not Acceptable)
CO THE SEMBLER COMPANY
5858 CENTRAL AVE
City ST. PETERSBURG FL 33707

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME FILIPPELLI, JOSEPH A
STREET ADDRESS 5858 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE DT ☐ Change ☒ Addition
NAME ALTHOFF STEPHEN
STREET ADDRESS 5858 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE DT ☒ Delete
NAME THOMAS, ALAN M
STREET ADDRESS 5858 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME MILLER, HOWARD
STREET ADDRESS 5858 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE ☐ Change ☐ Addition
NAME 600127543824
STREET ADDRESS 05/01/08--01001--019 **70.00
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME WHITE, WILLIAM A
STREET ADDRESS 200 E. ROBINSON ST., 8TH FL, M/D MBLE8B
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #