

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011815

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

5858 CENTRAL AVE.
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

5858 CENTRAL AVE.
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 20-8613839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILIPPELLI, JOSEPH A
C/O THE SEMBLER COMPANY
5858 CENTRAL AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

SILVES, JOAN
THE SEMBLER COMPANY
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 337071728 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: JOAN SILVES

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FILIPPELLI, JOSEPH A
Address: 5858 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33707

Title: DT () Delete
Name: ALTHOFF, STEPHEN
Address: 5858 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33707

Title: DS () Delete
Name: MILLER, HOWARD
Address: 5858 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33707

Title: DV () Delete
Name: WHITE, WILLIAM A
Address: 200 E. ROBINSON ST., 8TH FL, M/D MBLE8B
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: SILVES, JOAN
Address: 5858 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33707

Title: DS (X) Change () Addition
Name: HAREAS, THOMAS
Address: 5858 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33707

Title: DV (X) Change () Addition
Name: WHITE, WILLIAM A
Address: 105 LIVE OAKS GARDENS
City-St-Zip: CASSELBERRY, FL 32707

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: JOAN SILVES

DT

04/30/2009

Electronic Signature of Signing Officer or Director

Date