## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 25, 2008 08:00 AM Secretary of State DOCUMENT # N06000012739 1. Entity Name BREWSTERS COURT PROPERTY OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 139 WALKER CREEK DRIVE CRAWFORDVILLE FL 32327 139 WALKER CREEK DRIVE CRAWFORDVILLE FL 32327 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3282433 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALEXANDER, DAVID Street Address (P.O. Box Number is Not Acceptable) 139 WALKER CREEK DRIVE CRAWFORDVILLE FL 32327 City Z:p Code FL 8. The above named entiry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent SIGNATURE Sign sture, typed or conted name of legisland agent and title disaptoacle. (NOTE: Registered Agent signed instance) where reinstating) CATE . 化自动化物型 25 电磁路医导流线 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2008 Added to Fees ម៉ាន់ម៉េដ្រីប្រជាជាក្រុង ស្រៀបទីកម្ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. THE ☐ Delete HITLE Change Addition ALEXANDER, DAVID NAME NAME 139 WALKER CREEK DRIVE STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL 32327 CITY-ST-ZIP CITY - ST - ZIP ☐ Change TITLE Delate TITLE ☐ Addition NAME NAME U00000797509 01/29/08-80076-013 61.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE — □ Delete. TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P I:TLE ☐ Delete Hitt Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z'P TITLE Delete 1171.6 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THIE Delete RILL Change Addition NAME NAME STRUET AUDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect 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 altochment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

- David Honorder

1/92/18 9

9336862