
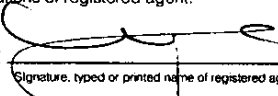
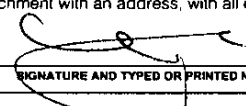


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90026 050 \*\*\*\*61.25

<b>DOCUMENT # N07000002711</b>						
<b>1. Entity Name</b> BROOKWOOD RESIDENTIAL OWNERS ASSOCIATION, INC.						
<b>Principal Place of Business</b> 4505 WOODLAND CORPORATE BLVD STE 200 TAMPA, FL 33614			<b>Mailing Address</b> 4505 WOODLAND CORPORATE BLVD STE 200 TAMPA, FL 33614			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	03122008    Chg-NP    CR2E037 (12/06)		
<b>6. Name and Address of Current Registered Agent</b> O'RYAN, CHRISTIAN F 2701 NORTH ROCKY POINT DRIVE STE 900 TAMPA, FL 33607				<b>7. Name and Address of New Registered Agent</b>		
Name				Land Arc, Inc.		
Street Address (P.O. Box Numbers Not Acceptable)				6150 State Rd. 70		
City				Bradenton		
State				FL		
Zip Code				34203		
<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 4.16.08						
<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</b> <b>Added to Fees</b>		
<b>Make check payable to</b> <b>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> DP	<b>NAME</b> KALMAN, SCOTT		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> Steve Pate	
<b>STREET ADDRESS</b> 4505 WOODLAND CORPORATE BLVD STE 200	<b>CITY-ST-ZIP</b> TAMPA, FL 33614		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 4505 Woodland Corp Blvd. #200	<b>CITY-ST-ZIP</b> Tampa, FL 33614	
<b>TITLE</b> DV	<b>NAME</b> WORKMAN, GARY		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP	<b>NAME</b> Len Jaffe	
<b>STREET ADDRESS</b> 4505 WOODLAND CORPORATE BLVD STE 200	<b>CITY-ST-ZIP</b> TAMPA, FL 33614		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 4505 Woodland Corp Blvd. #200	<b>CITY-ST-ZIP</b> Tampa, FL 33614	
<b>TITLE</b> DST	<b>NAME</b> ULLMAN, BECKY		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> ST	<b>NAME</b> Rick Anderson	
<b>STREET ADDRESS</b> 4505 WOODLAND CORPORATE BLVD STE 200	<b>CITY-ST-ZIP</b> TAMPA, FL 33614		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 111 North Post Oak Rd	<b>CITY-ST-ZIP</b> Houston, TX 77055	
<b>TITLE</b> (Empty)	<b>NAME</b> (Empty)		<input type="checkbox"/> Delete	<b>TITLE</b> (Empty)	<b>NAME</b> (Empty)	
<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)	
<b>TITLE</b> (Empty)	<b>NAME</b> (Empty)		<input type="checkbox"/> Delete	<b>TITLE</b> (Empty)	<b>NAME</b> (Empty)	
<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> (Empty)	<b>CITY-ST-ZIP</b> (Empty)	
<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 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.</b>						
<b>SIGNATURE:</b> 						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date 4.16.08						
Daytime Phone #						