


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

05-06-2008 90031 014 ****61.25

DOCUMENT # N07000009797

1. Entity Name
BROOKSTONE ESTATES RESIDENTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
300 EAST HIGHWAY 50 **300 EAST HIGHWAY 50**
CLERMONT, FL 34711 **CLERMONT, FL 34711**

66012891



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02202008 Chg-NP CR2E037 (12/06)

City & State City & State

4. FEI Number 20-2522645 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

HOFFMANN, WENDY
7919 FLORIDA BOYS RANCH ROAD
GROVELAND, FL 34736

7. Name and Address of New Registered Agent

Name Mark G. Vallery
 Street Address (P.O. Box Number is Not Acceptable) 300 E. Hwy 50
 City Clermont FL Zip Code 34711

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 Mark Molloy MANAGING MEMBER DATE 2-20-08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
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

| | | |
|-----------------|--------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | VALLERY, MARK G | |
| STREET ADDRESS | 20514 GRASS ROOTS ROAD | |
| CITY - ST - ZIP | GROVELAND, FL 34736 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | MOLLOY, MIKE | |
| STREET ADDRESS | 581 HOMEGROVE DRIVE | |
| CITY - ST - ZIP | WINTER GARDEN, FL 34757 | |
| TITLE | S/T | <input type="checkbox"/> Delete |
| NAME | HOFFMANN, WENDY | |
| STREET ADDRESS | 7919 FLORIDA BOYS RANCH ROAD - | |
| CITY - ST - ZIP | GROVELAND, FL 34736 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Mark Molloy MANAGING MEMBER Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR