

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07130

FILED  
Mar 27, 2008  
Secretary of State

**Entity Name:** FARRELL PARK/BROOKHAVEN COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2708 ALT 19 NORTH  
SUITE 603  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

2708 ALT 19 NORTH  
SUITE 603  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

**FEI Number:** 59-2517946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PMS MANAGEMENT SERVICES  
2708 ALT 19 NORTH  
SUITE 603  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KYKER, REBECCA  
Address: 3350 MERMOOR DR #204  
City-St-Zip: PALM HARBOR, FL 34685

Title: VD ( ) Delete  
Name: KEVLIN, PAULETTE  
Address: 3512 TEALWOOD CIRCLE  
City-St-Zip: PALM HARBOR, FL 34685

Title: SD ( ) Delete  
Name: SERLUCCO, DOROTHY  
Address: 3374 MERMOOR DRIVE #105  
City-St-Zip: PALM HARBOR, FL 34685

Title: TD ( ) Delete  
Name: BOBER, DENNIS  
Address: 3399 MERMOOR DRIVE #210  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: STINSON, LUCILLE  
Address: 3423 MERMOOR DRIVE #101  
City-St-Zip: PALM HARBOR, FL 345685

Title: D ( ) Delete  
Name: IWANOWSKI, JOSEPH  
Address: 3372 DUNEMOOR DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: REBECCA KYKER

PRES

03/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date