

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

3, **FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90027 003 \*\*\*\*61.25

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<b>DOCUMENT # N07131</b>					
1. Entry Name <b>BROOKHAVEN HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business C/O GOLDSTAR MGMT.CO. 2435 US 19 #270 HOLIDAY, FL 34691 US			Mailing Address C/O GOLDSTAR MGMT.CO. 2435 US 19 #270 HOLIDAY, FL 34691 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2518767	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ULM, JEFFREY C/O GOLDSTAR MGMT. CO 2435 US 19 #270 HOLIDAY, FL 34691				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	KLOSTERMAN, KAY			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4041 MERMOOR CT			NAME	
CITY-ST-ZIP	PALM HARBOR, FL 34685			STREET ADDRESS	
				CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MADELINE			NAME	Miller, Madelaine
STREET ADDRESS	3981 DUNEMORR CT			STREET ADDRESS	3981 Mermoor Dr.
CITY-ST-ZIP	PALM HARBOR, FL 34685			CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZOERINK, WAYNE			NAME	VP Iwanowski, Joseph
STREET ADDRESS	3381 DUNEMOOR CT			STREET ADDRESS	3572 Dunemoor Ct.
CITY-ST-ZIP	PALM HARBOR, FL 34685			CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	S/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAN, ANN			NAME	
STREET ADDRESS	4045 MERMOOR CT			STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34685			CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSDEN, KEN			NAME	
STREET ADDRESS	3478 HILLMOOR DR			STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34685			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	D Shankwitz, Merri Lou
STREET ADDRESS				STREET ADDRESS	3452 Hillmoor Dr.
CITY-ST-ZIP				CITY-ST-ZIP	Palm Harbor, FL 34685
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: <i>Kay Klosterman, President</i>				Date: <i>2-18-08</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					