
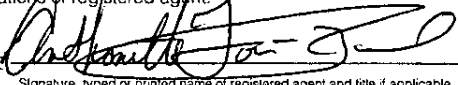
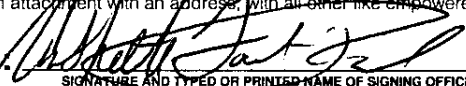


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90003 008 ****61.25

| | | | |
|---|---|---|---|
| DOCUMENT # N09293 | |  | |
| 1. Entity Name PARK BROOK CROSSING HOMEOWNERS ASSOCIATION PHASE VI, INC. | | | |
| Principal Place of Business 226 PARK BROOK CIRCLE TALLAHASSEE FL 32301 US | | Mailing Address 144 PARK BROOK CIR 100 Hoffman Dr TALLAHASSEE FL 32301 US 32312 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent MAYNARD, CYNTHIA 144 PARK BROOK CIR TALLAHASSEE FL 32301 | | 7. Name and Address of New Registered Agent Name Anthanette Ford-Paul Street Address (P.O. Box Number is Not Acceptable) 100 Hoffman Dr. City Tallahassee FL Zip Code 32312 | |
| 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 2/6/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HERRING, MARY 226 PARK BROOK CIRCLE TALLAHASSEE FL 32301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MAYNARD, CYNTHIA K 144 PARK BROOK CIRCLE TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Anthanette Ford-Paul 100 Hoffman Dr Tallahassee, FL 32312 <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, CLARA 142 PARKBROOK CIRCLE TALLAHASSEE FL 32301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIGHT, MARY 148 PARKBROOK CIRCLE TALLAHASSEE FL 32301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAYHALL, CAROL 214 PARKBROOK CIRCLE TALLAHASSEE FL 32301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCVAY, KAY 120 PARKBROOK CIRCLE TALLAHASSEE FL 32301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  | | DATE 2/6/04 850-321-9009 <small>State Daytime Phone #</small> | |

54006943



MOORE CR2E037 (11/03)

4. FEI Number **59-2854546** Applied For
Not Applicable

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