

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17643

FILED  
Apr 04, 2006  
Secretary of State

**Entity Name:** PARK BROOK CROSSING - PHASE VII - HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1815 MICCOSUKEE COMMONS DR.  
SUITE 104  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

2184 VICTORY GARDEN LANE  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

P.O. BOX 16218  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

SEGAL, TRACY  
1815 MICCOSUKEE COMMONS DR.  
SUITE 104  
TALLAHASSEE, FL 32308 US

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

JONES, NANCY R  
2184 VICTORY GARDEN LANE  
TALLAHASSEE, FL 32301 US

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: NANCY R. JONES

04/04/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DRAWDY, THOAMS  
Address: 1815 MICCOSUKEE COMMON DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: JONES, NANCY  
Address: 1815 MICCOSUKEE COMMONS DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DST ( ) Delete  
Name: WHEELER, DANIEL  
Address: 1815 MICCOSUKEE COMMONS DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD ( ) Delete  
Name: DAUGHTRY, CARMEN  
Address: 1815 MICCOSUKEE COMMONS DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: DEWOLF, DEREK  
Address: P. O. BOX 16218  
City-St-Zip: TALLAHASSEE, FL 32317

Title: STD (X) Change ( ) Addition  
Name: JONES, NANCY  
Address: P. O. BOX 16218  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD (X) Change ( ) Addition  
Name: PERDUE, KATE  
Address: P. O. BOX 16218  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Change ( ) Addition  
Name: GLASS, GREGORY  
Address: P. O. BOX 16218  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Change (X) Addition  
Name: WHEELER, DANIEL  
Address: P. O. BOX 16218  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Change (X) Addition  
Name: RUSSELL, LAURIE  
Address: P. O. BOX 16218  
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY R. JONES

STD

04/04/2006

Electronic Signature of Signing Officer or Director

Date