

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90006 038 ****61.25

DOCUMENT # N17643 1. Entity Name PARK BROOK CROSSING - PHASE VII - HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2184 VICTORY GARDEN LANE TALLAHASSEE, FL 32301 US			Mailing Address P.O. BOX 16218 TALLAHASSEE, FL 32317 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 NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, NANCY R 2184 VICTORY GARDEN LANE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>		DATE 2/4/08			
Filing Fee is \$81.25 Due by May 1, 2008		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 DAUGHERTY, CARMAN P. O. BOX 16218 TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Swart, III, Pieter PO Box 16218 Tallahassee, FL 32317
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, NANCY P. O. BOX 16218 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIETER, SWART III P. O. BOX 16218 TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, GREGORY P. O. BOX 16218 TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAN, THERESA P. O. BOX 16218 TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, LAURIE P. O. BOX 16218 TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Swart, III, Pieter PO Box 16218 Tallahassee, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daugherty, Carmen PO Box 16218 Tallahassee, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sabrina Nix - Director P.O. Box 16218 Tallahassee, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parker, Dennise VP P.O. Box 16218 Tallahassee, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberts, Miriam - D P.O. Box 16218 Tallahassee, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, Donna - D P.O. Box 16218 Tallahassee, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2/4/08			
DAYTIME PHONE # 414-5390		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Nancy R. Jones ST			