2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N17643

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

Current Principal Place of Business:

2184 VICTORY GARDEN LANE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

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:

JONES, NANCY R
2184 VICTORY GARDEN LANE
TALLAHASSEE, FL 32301 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: P3 ( ) Delete
Name: SWART, PIETER
Address: PO BOX 16218
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: DAUGHORTY, CARMEN
Address: PO BOX 16218
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD ( ) Delete
Name: PIETER, SWART III
Address: P. O. BOX 16218
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: NIX, SABRINA
Address: P.O. BOX 16218
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP ( ) Delete
Name: PARKER, DENNISE
Address: P.O. BOX 16218
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: ROBERTS, MIRIAM
Address: P.O. BOX 16218
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CANOVA, MARY
Address: PO BOX 16218
City-St-Zip: TALLAHASSEE, FL 32317

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

Title: ST (X) Change ( ) Addition
Name: JONES, NANCY R
Address: P. O. BOX 16218
City-St-Zip: TALLAHASSEE, FL 32317

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

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

Title: D (X) Change ( ) Addition
Name: THORNTON, NANCY
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 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 ST 02/09/2009
Electronic Signature of Signing Officer or Director — Date