FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17848 (5)

1. Corporation Name
BROOK RIDGE HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3436 BROOKRIDGE LN PARRISH FL 34219 US	3436 BROOKRIDGE LN PARRISH FL 34219 US

3. Date Incorporated or Qualified: 11/19/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0021825 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

SNOW, KENNETH
3409 BROOKRIDGE LN
PARRISH FL 34219

10. Name and Address of New Registered Agent

81 Name: Lemnitzer, Jane - T
82 Street Address (P.O. Box Number is Not Acceptable): 3436 Brookridge Lane
83
84 City: Parrish FL 85 Zip Code: 34219

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lemnitzer, Jane - T — 4-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	LIDON, AL	1.2 NAME	Robert Manner	
STREET ADDRESS	3429 BROOKRIDGE LN	1.3 STREET ADDRESS	3440 Brookridge Ln	
CITY-ST-ZIP	PARRISH FL	1.4 CITY-ST-ZIP	Parrish, Fl	
TITLE	SD	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	STEIN, JAMES	2.2 NAME	Lidon, Al	
STREET ADDRESS	3405 BROOKRIDGE LN	2.3 STREET ADDRESS	3429 Brookridge Ln	
CITY-ST-ZIP	PARRISH FL	2.4 CITY-ST-ZIP	Parrish, Fl	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	LEMNITZER, JANE	3.2 NAME		
STREET ADDRESS	3436 BROOKRIDGE LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	PARRISH FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	V	☐ Change ☐ Addition
NAME	BROWN, DAVID	4.2 NAME	Henry Bryant	
STREET ADDRESS	3416 BROOKRIDGE LN	4.3 STREET ADDRESS	3432 Brookridge Ln	
CITY-ST-ZIP	PARRISH FL	4.4 CITY-ST-ZIP	Parrish, Fl	
TITLE	V	5.1 TITLE	V	☐ Change ☐ Addition
NAME	CURRIE, RHEA	5.2 NAME	Robert Mantell	
STREET ADDRESS	3408 BROOKRIDGE LN	5.3 STREET ADDRESS	3425 Brookridge Ln	
CITY-ST-ZIP	PARRIS FL	5.4 CITY-ST-ZIP	Parrish, Fl	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. JANE LEMNITZER — 4-18-95 — 813-776-2430
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #