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Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17848 (5)

1. Corporation Name

BROOK RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3436 BROOKRIDGE LN
PARRISH FL 34219
US

Mailing Address

3436 BROOKRIDGE LN
PARRISH FL 34219-9300
US3. Date Incorporated or Qualified
11/18/19863a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 3412 Brookridge Lane

Suite, Apt. #, etc.

22 City & State
Parrish, FL23 Zip
3421924 Country
US

2a. Mailing Address

25 3412 Brookridge Lane

Suite, Apt. #, etc.

27 City & State
Parrish, FL28 Zip
3421929 Country
US

4. FEI Number

65-0021825

X Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LEMNITZER, JANE T.
3436 BROOKRIDGE LANE
PARRISH FL 34219

10. Name and Address of New Registered Agent

81 Name

Robert L. Cave

82 Street Address (P.O. Box Number is Not Acceptable)

3412 Brookridge Lane

83

84 City

Parrish

FL

85 Zip Code

34219

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD MANNER, ROBERT X DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
3440 BROOKRIDGE LANE
PARRISH FL

TITLE SD CAVE, ROBERT X DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
3412 BROOKRIDGE LN
PARRISH FL

TITLE T LEMNITZER, JANE X DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
3436 BROOKRIDGE LN
PARRISH FL

TITLE V BRYANT, HENRY X DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
3432 BROOKRIDGE LANE
PARRISH FL

TITLE V MANTELL, ROBERT X DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
3425 BROOKRIDGE LANE
PARRISH FL

TITLE X DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Stein, James X Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
3405 Brookridge Lane
Parrish, FL 34219

2.1 TITLE SD SAME X Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE T Robert L. Cave X Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
3412 Brookridge Lane
Parrish, FL 34219

4.1 TITLE V Seeley, Eugene X Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
3452 Brookridge Lane
Parrish, FL 34219

5.1 TITLE X Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE X Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

Signature and typed or printed name of signing officer or director

Robert L. Cave

3.13.97

941-351-9996

Date

Daytime Phone # 0062197

CR2E037 (9/96)