

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17848

1. Entity Name

BROOK RIDGE HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90030 022 ****61.25

Principal Place of Business

3412 BROOKRIDGE LANE
PARRISH FL 34219
US

Mailing Address

3412 BROOKRIDGE LANE
PARRISH FL 34219
US

2. Principal Place of Business

3408 BROOKRIDGE LN

Suite, Apt. #, etc.

3. Mailing Address

3408 BROOKRIDGE LANE

Suite, Apt. #, etc.

City & State

PARRISH, FL

City & State

PARRISH, FL

Zip

34219

Country

MANATEE

Zip

34219

Country

MANATEE

4. FEI Number

65-0021825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAVE, ROBERT L
3412 BROOKRIDGE LANE
PARRISH FL 34219

7. Name and Address of New Registered Agent

Name

BOWLER, RUTH C.

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

3408 BROOKRIDGE LANE

City

PARRISH

FL

Zip Code
34219

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.

SIGNATURE: RUTH C. BOWLER, TREASURER

Ruth C. Bowler

1-25-2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEIN, JAMES T ☐ Delete
STREET ADDRESS 3405 BROOKRIDGE LANE
CITY-ST-ZIP PARRISH FL

TITLE SD
NAME CAVE, ROBERT ☒ Delete
STREET ADDRESS 3412 BROOKRIDGE LN
CITY-ST-ZIP PARRISH FL

TITLE T
NAME CAVE, ROBERT L ☒ Delete
STREET ADDRESS 3412 BROOKRIDGE LANE
CITY-ST-ZIP PARRISH FL

TITLE V
NAME SEELEY, WUGENE ☒ Delete
STREET ADDRESS 3452 BROOKRIDGE LANE
CITY-ST-ZIP PARRISH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~STEIN, JAMES T~~ ☒ Change ☐ Addition
NAME ~~STEIN, JAMES T~~
STREET ADDRESS 3405 BROOKRIDGE LANE
CITY-ST-ZIP PARRISH, FL

TITLE ~~BOWLER, RUTH C.~~ ☒ Change ☐ Addition
NAME ~~BOWLER, RUTH C.~~
STREET ADDRESS 3408 BROOKRIDGE LANE
CITY-ST-ZIP PARRISH, FL

TITLE ~~JOYCE, RICHARD G~~ ☒ Change ☐ Addition
NAME ~~JOYCE, RICHARD G~~
STREET ADDRESS 3433 BROOKRIDGE LANE
CITY-ST-ZIP PARRISH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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 all other like empowered.

SIGNATURE: RUTH C. BOWLER TREASURER

1-25-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)