2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State
03-19-2004 90036 029 ****61.25

DOCUMENT # N17848

1. Entity Name

BROOK RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~3408 BROOKRIDGE LANE~~ PARRISH FL 34219 US	~~3408 BROOKRIDGE LANE~~ PARRISH FL 34219 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
3412 Brookridge Ln Suite, Apt. #, etc.	3412 Brookridge Lane Suite, Apt. #, etc.
City & State: Parrish FL	City & State: Parrish FL
Zip: 34219 Country: USA	Zip: 34219 Country: USA

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	7. Name and Address of New Registered Agent
~~BOWLER, RUTH C~~ ~~3408 BROOKRIDGE LANE~~ PARRISH FL 34219	Name: Robert L. Cave Street Address (P.O. Box Number is Not Acceptable): 3412 Brookridge Lane Parrish, FL 34219 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 STEIN, JAMES 3405 BROOKRIDGE LANE PARRISH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOYCE, DICK 3433 BROOKRIDGE LANE PARRISH, FL 34219	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEIN, JAMES T 3405 BROOKRIDGE LANE PARRISH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~NANCY~~ Warfield, Pat 3409 BROOKRIDGE LANE PARRISH, FL 34219	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOWLER, RUTH C 3408 BROOKRIDGE LANE PARRISH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Cave, Robert 3412 BROOKRIDGE LANE PARRISH, FL 34219	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOYCE, RICHARD G 3433 BROOKRIDGE LANE PARRISH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Carlson, Len 3408 BROOKRIDGE LANE PARRISH, FL 34219	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 3/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #