

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17848

FILED  
Jan 09, 2006  
Secretary of State

**Entity Name:** BROOK RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3412 BROOKRIDGE LN  
PARRISH, FL 34219 US

**New Principal Place of Business:**

**Current Mailing Address:**

3412 BROOKRIDGE LANE  
PARRISH, FL 34219 US

**New Mailing Address:**

**FEI Number:** 65-0021825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAVE, ROBERT L  
3412 BROOKRIDGE LANE  
PARRISH, FL 34219 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: PD ( ) Delete  
Name: JOYCE, DICK  
Address: 3433 BROOKRIDGE LANE  
City-St-Zip: PARRISH, FL 34219

Title: SD ( ) Delete  
Name: WARFIELD, PAT  
Address: 3409 BROOKRIDGE LANE  
City-St-Zip: PARRISH, FL 34219

Title: T ( ) Delete  
Name: CAVE, ROBERT  
Address: 3412 BROOKRIDGE LANE  
City-St-Zip: PARRISH, FL 34219

Title: V ( ) Delete  
Name: CARLSON, LEN  
Address: 3448 BROOKRIDGE LANE  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RADICE, SALLY  
Address: 3440 BROOKRIDGE LANE  
City-St-Zip: PARRISH, FL 34219

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

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

Title: V (X) Change ( ) Addition  
Name: BRAUTIGAN, DICK  
Address: 3425 BROOKRIDGE LANE  
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT L. CAVE

T

01/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date