

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17848

FILED
Jan 16, 2007
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: RADICE, SALLY
Address: 3440 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: BRAUTIGAN, DICK
Address: 3425 BROOKRIDGE LANE
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: ARNOLD, GEAN
Address: 3408 BROOKRIDGE LANE
City-St-Zip: PARRISH, FL 34219

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

Title: V (X) Change () Addition
Name: HAMMER, JIM
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/TREASURER

MR.

01/16/2007

Electronic Signature of Signing Officer or Director

Date