## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N17848**

1. Entity Name

## BROOK RIDGE HOMEOWNERS ASSOCIATION, INC.



FILED
Jan 14, 2003 8:00 am §
Secretary of State

01-14-2003 90053 023 \*\*\*\*61.25

							7			
3408 BROOKRIDGE LANE 3408			3408 B PARRIS	Mailing Address 408 BROOKRIDGE LANE ARRISH FL 34219 S						
2. Principa	Place of Busin	ess	3. Mai	ling Address		<del>-</del>				
Suite, Apt. #, etc. S			Su	Suite, Apt. #, etc.			$\dashv$	HECK HERE IF MAKII		
City & State			Cit	City & State						
Zip Country 2			7:	Zip Country			4. FEI Number 65	·0021825		Applied For Not Applicable
			,			5. Certificate of Status Desired				
	6. Name	and Address of Current	Registere	d Agent			7. Name and Addr	ess of New Registere	d Agent	
BOWLER, RUTH C 3408 BROOKRIDGE LANE						Street Address (P.O. Box Number is Not Acceptable)				
	1 FL 34219	:							***	
The above named entity submits this statement for the purp the obligations of registered agent.						City		F		
SIGNATURE		r printed name of registered agent a	and title if appl	icable. (NOTE	: Registere	d Agent signature requi	ired when reinstating)	DATE	<del></del>	
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	\$5.00 May Be Make Check Payable to Added to Fees Florida Department of State			
0.	OFFICERS AND DIRECTORS				11.		ADDITIONS/CHANGE	TO OFFICERS AND D	DIRECTORS IN	V 10
ITLE IAME TREET ADDRESS ITY-ST-ZIP	PARRISH FI	KRIDGE LANE		☐ Delete		1			☐ Change	Addition
TLE AME TREET ADDRESS ITY-ST-ZIP	SD STEIN, JAM 3405 BROO PARRISH FI	KRIDGE LANE		☐ Delete		!			☐ Change	Addition
TLE AME IREET ADDRESS ITY-ST-ZIP	PARRISH FL	KRIDGE LANE	· <u>J = ··</u>	□ Delete					☐ Change	☐ Addition
TLE AME TREET ADDRESS TY-ST-ZIP	V JOYCE, RIC 3433 BROOF PARRISH FL	KRIDGE LANE		☐ Delete	1				☐ Change	Addition
TLE IME PREET ADDRESS TY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-	T ADDRESS			☐ Change	Addition
TLE IME REET ADDRESS TY-ST-ZIP				☐ Delete	TITLE NAME STREE	T ADDRESS			☐ 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:

Kath CADINGE THUSIAN

1-4-2003

941-776-0616