FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:50

DOCUMENT # **N21590** **(7)**

1. Corporation Name
BROOK HOLLOW COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 061178 PALM BAY FL 32906	P.O. BOX 061178 PALM BAY FL 32906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1987
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-3092450 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 PO Box 500377	26 PO Box 500377
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MALABAR, FL	28 City & State: MALABAR, FL
24 Zip: 32950 25 Country: BREVARD	29 Zip: 32950 30 Country: BREVARD

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FEATHERHOFF, LAURA K. 700 SOUTH BABCOCK STREET MELBOURNE FL 32901	81 Name: PHILIP F. NOHRR 82 Street Address (P.O. Box Number Is Not Acceptable): 1800 WEST HIBISCUS BLVD, STE 134 83 84 City: MELBOURNE FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: PHILIP F. NOHRR, REGISTERED AGENT — DATE: 3/28/95
Signature, type(s) or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P D	☒ Change ☒ Addition
NAME	EGAN, EDWARD	1.2 NAME	HENRY DEKKER	
STREET ADDRESS	1055 HOLLOWBROOK LANE	1.3 STREET ADDRESS	1260 HOLLOWBROOK LANE	
CITY-ST-ZIP	MALABAR FL	1.4 CITY-ST-ZIP	MALABAR, FL 32950	
TITLE	VD	2.1 TITLE	V D	☒ Change ☒ Addition
NAME	PARKER, GEORGE	2.2 NAME	TERESA HUELEY	
STREET ADDRESS	1285 HOLLWBROOK LANE	2.3 STREET ADDRESS	1209 PEMBERTON TRAIL	
CITY-ST-ZIP	MALABAR FL	2.4 CITY-ST-ZIP	MALABAR, FL 32950	
TITLE	TD	3.1 TITLE	T D	☒ Change ☒ Addition
NAME	MEYER, DAVID	3.2 NAME	MICHAEL SMITH	
STREET ADDRESS	920 HOLLOWAY TRAIL	3.3 STREET ADDRESS	1115 HOLLOWBROOK LANE	
CITY-ST-ZIP	MALABAR FL	3.4 CITY-ST-ZIP	MALABAR, FL 32950	
TITLE	S	4.1 TITLE	S D	☒ Change ☐ Addition
NAME	SCHRUM, ESTELLE	4.2 NAME	PATRICIA CLOW	
STREET ADDRESS	915 BROOKSHIRE CIR.	4.3 STREET ADDRESS	1050 HOLLOWBROOK LANE	
CITY-ST-ZIP	MALABAR FL	4.4 CITY-ST-ZIP	MALABAR, FL 32950	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	LAFONTAINE, DONALD	5.2 NAME	EDWARD EGAN	
STREET ADDRESS	1040 STEEPLECHASE CIRCLE	5.3 STREET ADDRESS	1055 HOLLOWBROOK LANE	
CITY-ST-ZIP	MALABAR FL	5.4 CITY-ST-ZIP	MALABAR, FL 32950	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GROSS, PETE	6.2 NAME		
STREET ADDRESS	1290 HOLLOWBROOK LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MALABAR FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael W. Smith Michael W Smith — 4/5/95 (Date) — (407) 729-7501 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

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