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Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21590 (7)

1. Corporation Name

BROOK HOLLOW COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 500377
MALABAR FL 32950
USPO BOX 500377
MALABAR FL 32950-0377
US3. Date Incorporated or Qualified
07/16/19873a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOHRR, PHILIP F.
1800 W HIBISCUS BLVD
STE 138
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☒ DELETE
NAME	EGAN, EDWARD	
STREET ADDRESS	1055 HOLLOWBROOK LANE	
CITY-ST-ZIP	MALABAR FL	
TITLE	VD	☒ DELETE
NAME	FEDERICO, JOHNSON	
STREET ADDRESS	1040 HOLLOW BROOK LANE	
CITY-ST-ZIP	MALABAR FL	
TITLE	TD	☒ DELETE
NAME	SMITH, MICHAEL	
STREET ADDRESS	1115 HOLLOWBROOK LANE	
CITY-ST-ZIP	MALABAR FL	
TITLE	SD	☒ DELETE
NAME	BESS, KIRBY	
STREET ADDRESS	1335 PEMBERTON TRAIL	
CITY-ST-ZIP	MALABAR FL	
TITLE	D	☐ DELETE
NAME	EGAN, EDWARD	
STREET ADDRESS	1055 HOLLOWBROOK LANE	
CITY-ST-ZIP	MALABAR FL	
TITLE	D	☒ DELETE
NAME	SATTER WAITE, CHARLES	
STREET ADDRESS	1025 OAK TREE PLACE	
CITY-ST-ZIP	MALABAR FL	

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	ANDREW THOMPSON	
1.3 STREET ADDRESS	440 HOLLOWAY TRAIL	
1.4 CITY-ST-ZIP	MALABAR, FLORIDA 32950	
2.1 TITLE	V/D	☐ Change ☒ Addition
2.2 NAME	DONALD LA FONTAINE	
2.3 STREET ADDRESS	1040 STEEPLECHASE CIRCLE	
2.4 CITY-ST-ZIP	MALABAR, FLORIDA 32950	
3.1 TITLE	T/D	☐ Change ☒ Addition
3.2 NAME	MICHAEL S. FAGAN	
3.3 STREET ADDRESS	1170 BRIAR RUN CIRCLE	
3.4 CITY-ST-ZIP	MALABAR, FLORIDA 32950	
4.1 TITLE	S/D	☐ Change ☒ Addition
4.2 NAME	JIM BURNS	
4.3 STREET ADDRESS	920 BROOKSHIRE CIRCLE	
4.4 CITY-ST-ZIP	MALABAR, FLORIDA 32950	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	KEN NELSON	
5.3 STREET ADDRESS	1245 PEMBERTON TRAIL	
5.4 CITY-ST-ZIP	MALABAR, FLORIDA 32950	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	CHARLES GERHARD	
6.3 STREET ADDRESS	1145 HOLLOW BROOK LANE	
6.4 CITY-ST-ZIP	MALABAR, FLORIDA 32950	

14. I do 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 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 S. FAGAN 1/27/97 407-729-8413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0019018

CP2E037 (9/96)