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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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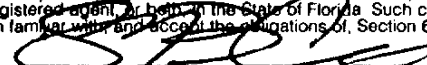
DOCUMENT # **N21590** (7)
1. Corporation Name
BROOK HOLLOW COMMUNITY ASSOCIATION, INC.



Principal Place of Business PO BOX 500377 MALABAR FL 32950 US		Mailing Address PO BOX 500377 MALABAR FL 32950 US		3. Date Incorporated or Qualified 07/16/1987
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-3092450
23 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
24 Zip 25 Country		28 Zip 29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
				7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent NOHRR, PHILIP F. 1800 W HIBISCUS BLVD STE 138 MELBOURNE FL 32901		10. Name and Address of New Registered Agent 81 Name Stewart B. Capps 82 Street Address (P.O. Box Number is Not Acceptable) 777 N. Highway A1A, Suite 204 83 84 City Indialantic FL 85 Zip Code 32903	
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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  DATE **4/27/98**

Signature typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ANDREW THOMPSON	1.2 NAME	
STREET ADDRESS	940 HOLLOWAY TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DONALD LAFONTAINE	2.2 NAME	
STREET ADDRESS	1040 STEEPLECHASE CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL	2.4 CITY-ST-ZIP	
TITLE	TD ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	MICHAEL S. FAGAN	3.2 NAME	ANA M. FAGAN
STREET ADDRESS	1170 BRIAR RUN CIR.	3.3 STREET ADDRESS	1170 BRIAR RUN CIRCLE
CITY-ST-ZIP	MALABAR FL	3.4 CITY-ST-ZIP	MALABAR
TITLE	SD ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	JIM BURNS	4.2 NAME	DEBORAH KOLESKI
STREET ADDRESS	920 BROOKSHIRE CIR.	4.3 STREET ADDRESS	1010 HOLLOW BROOK LANE
CITY-ST-ZIP	MALABAR FL	4.4 CITY-ST-ZIP	MALABAR FL 32950
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	KEN NEILSON	5.2 NAME	JIM BURNS
STREET ADDRESS	1245 POMBORTON TRAIL	5.3 STREET ADDRESS	920 BROOKSHIRE CIR
CITY-ST-ZIP	MALABAR FL	5.4 CITY-ST-ZIP	MALABAR FL 32950
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CHARLES GERACHARIO	6.2 NAME	
STREET ADDRESS	1145 HOLLOW BROOK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL	6.4 CITY-ST-ZIP	

14. 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 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:  ANA FAGAN 2/26/98 407-709-8413

CR2E037 (10/97)