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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

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

1. Corporation Name

BROOK HOLLOW COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 500377 MALABAR FL 32950 US	PO BOX 500377 MALABAR FL 32950 US

3. Date Incorporated or Qualified: 07/16/1987

4. FEI Number: 59-3092450 ☐ Applied For ☐ Not Applicable

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. 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

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 _____ 4/27/98
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	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	TD	☐ 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	SD	☐ 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	D	☐ 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		

CR2E037 (10/97)

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 2/26/98 407-729-8413