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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21590

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/16/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3092450 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPPS, S B 777 N HWY A1A STE 204 INDIALANTIC FL 32903	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 _____ DATE
Signature, typed 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	☐ 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	FAGAN, A M		3.2 NAME		
STREET ADDRESS	1170 BRIAR RUN CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MALABAR FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☒ Addition
NAME	LOLESKI, D		4.2 NAME	SWANN NONA	
STREET ADDRESS	1010 HOLLOW BROOK LANE		4.3 STREET ADDRESS	1000 FALLS TRAIL	(new member)
CITY-ST-ZIP	MALABAR FL 30950		4.4 CITY-ST-ZIP	MALABAR FL 32950	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, JIM		5.2 NAME		
STREET ADDRESS	920 BROOKSHIRE CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MALABAR FL 32950		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	DIRECTOR	☒ Change ☒ Addition
NAME	CHARLES GERACHARIO		6.2 NAME	GARY SAMPSON	
STREET ADDRESS	1145 HOLLOW BROOK LANE		6.3 STREET ADDRESS	1045 OAK TREE PLACE	(new member)
CITY-ST-ZIP	MALABAR FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE A. FAGAN 1-27-99 407-729-8413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #