2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 23, 2000 8:00 am
Secretary of State
04-21-2000 90148 049 ****61.25

DOCUMENT # N21590

1. Entity Name

BROOK HOLLOW COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 500377 MALABAR FL 32950 US	PO BOX 500377 MALABAR FL 32950-0377 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPPS, S B 777 N HWY A1A STE 204 INDIALANTIC FL 32903	Name GERALDINE T. DuBOSE Street Address (P.O. Box Number is Not Acceptable) 950 FALLS TRAIL City MALABAR FL Zip Code 32950

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Geraldine T. DuBose 4/11/00

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDREW THOMPSON 940 HOLLOWAY TRAIL MALABAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DONALD LAFONTAINE 1040 STEEPLECHASE CIR. MALABAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FAGAN, A M 1170 BRIAR RUN CIR MALABAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SWANN, NONA 1000 FALLS TRAIL MALABAR FL 30950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary DuBOSE, BENJAMIN 950 FALLS TRAIL MALABAR FL 32950	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, JIM 920 BROOKSHIRE CIR MALABAR FL 32950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HORNER, Lucy R. 1315 PEMBERTON TRAIL MALABAR, FL 32950	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMPSON, GARY 1945 OAK TREE PLACE MALABAR FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED May 16,00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ana Fagan
Treasurer

321-729-8413