# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 25, 2001 8:00 am**
**Secretary of State**
01-25-2001 90181 042 ****61.25

DOCUMENT # N21590

1. Entity Name

BROOK HOLLOW COMMUNITY ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 500377<br>MALABAR FL 32950<br>US | PO BOX 500377<br>MALABAR FL 32950<br>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 |
|---|---|
| DUBOSE, GERALDINE T<br>950 FALLS TR.<br>MALABAR FL 32950 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
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<br>ANDREW THOMPSON<br>940 HOLLOWAY TRAIL<br>MALABAR FL | ☒ Delete | PRESIDENT / DIRECTOR<br>DONALD LA FONTAINE<br>1040 STEEPLECHASE CIRCLE<br>MALABAR, FLORIDA 32950 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DONALD LAFONTAINE<br>1040 STEEPLECHASE CIR.<br>MALABAR FL | ☒ Delete | VICE PRESIDENT / DIRECTOR<br>NONA SWANN<br>1000 FALLS TRAIL<br>MALABAR, FLA, 32950 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>FAGAN, A M<br>1170 BRIAR RUN CIR<br>MALABAR FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SWANN, NONA<br>1000 FALLS TRAIL<br>MALABAR FL 30950 | ☒ Delete | DIRECTOR<br>JIM BURNS<br>920 BROOKSHIRE CIRCLE<br>MALABAR, FLA 32950 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DUBOSE, BENJAMIN<br>950 FALLS TR.<br>MALABAR FL 32950 | ☒ Delete | SECRETARY / DIRECTOR<br>DUBOSE, BENJAMIN<br>950 FALLS TRAIL<br>MALABAR, FLORIDA 32950 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HORNER, LUCY R<br>1315 PEMBERTON TR.<br>MALABAR FL 32950 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 1/9/01 321 952-2928

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