2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004
Secretary of State

DOCUMENT# N21590

Entity Name: BROOK HOLLOW COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 500377
MALABAR, FL 32950 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 500377
MALABAR, FL 32950 US

New Mailing Address:

FEI Number: 59-3092450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUBOSE, GERALDINE T
950 FALLS TR.
MALABAR, FL 32950 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DONALD LAFONTAINE,
Address: 1040 STEEPLECHASE CIR.
City-St-Zip: MALABAR, FL 32950

Title: TD ( ) Delete
Name: QUADROZZI, DAVID
Address: 1005 FAUSTRAIL
City-St-Zip: MALABAR, FL 32950

Title: D ( ) Delete
Name: BURNS, JIM
Address: 420 BROOKSHIRE CIRCLE
City-St-Zip: MALABAR, FL 32950

Title: SD ( ) Delete
Name: DUBOSE, BENJAMIN
Address: 950 FALLS TR.
City-St-Zip: MALABAR, FL 32950

Title: D ( ) Delete
Name: MORRISON, DAVID
Address: 1005 STEERCE CHASE
City-St-Zip: MALABAR, FL 32950

Title: D ( ) Delete
Name: WEAVER, KENNETH
Address: 970 FALLS TRAIL
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DUBOSE, BENJAMIN
Address: 950 FALLS TRAIL
City-St-Zip: MALABAR, FL 32950

Title: TD (X) Change ( ) Addition
Name: QUADROZZI, DAVID
Address: 1005 FALLS TRAIL
City-St-Zip: MALABAR, FL 32950

Title: D (X) Change ( ) Addition
Name: EGAN, ED
Address: 1055 HOLLOW BROOK LANE
City-St-Zip: MALABAR, FL 32950

Title: SD (X) Change ( ) Addition
Name: HORNER, LUCY
Address: 1315 PEMBERTON TRAIL
City-St-Zip: MALABAR, FL 32950

Title: D (X) Change ( ) Addition
Name: MORRISON, DAVID
Address: 1005 STEEPLECHASE CIRCLE
City-St-Zip: MALABAR, FL 32950

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN DUBOSE PD 03/05/2004
Electronic Signature of Signing Officer or Director Date

GLENDA SNIPES D
1145 HOLLOW BROOK LANE
MALABAR, FL 32950