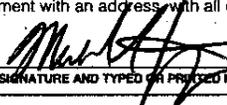


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90046 044 ****61.25

DOCUMENT # N21590					
1. Entity Name BROOK HOLLOW COMMUNITY ASSOCIATION, INC.					
Principal Place of Business PO BOX 500377 MALABAR, FL 32950 US			Mailing Address PO BOX 500377 MALABAR, FL 32950 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUBOSE, GERALDINE T 950 FALLS TR. MALABAR, FL 32950				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TREA SUNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBOSE, BENJAMIN		NAME	AVA FALAN	
STREET ADDRESS	950 FALLS TRAIL		STREET ADDRESS	1170 BIRMA RUN LITTLE	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	MALABAR, FLORIDA, 32950	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUADROZZI, DAVID		NAME	ANDREW SOMMER	
STREET ADDRESS	1005 FALLS TRAIL		STREET ADDRESS	1110 HOLLOW BROOK LANE	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	MALABAR FLA 32950	
TITLE	D	<input type="checkbox"/> Delete	TITLE	CO-TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGAN, ED		NAME	MICHAEL FALAN	
STREET ADDRESS	1055 HOLLOW BROOK LANE		STREET ADDRESS	1170 BIRMA RUN LITTLE	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	MALABAR FLORIDA 32950	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, LUCY		NAME		
STREET ADDRESS	1315 PEMBERTON TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, DAVID		NAME		
STREET ADDRESS	1005 STEEPLCHASE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, KENNETH		NAME		
STREET ADDRESS	970 FALLS TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP		
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: 		Date: 1/13/05		Daytime Phone #: 321-729-8413	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					