


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90242 024 \*\*\*\*61.25

<b>DOCUMENT # N21590</b> 1. Entity Name <b>BROOK HOLLOW COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>PO BOX 500377</b> <b>MALABAR, FL 32950 US</b>			Mailing Address <b>PO BOX 500377</b> <b>MALABAR, FL 32950 US</b>		
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		
<b>DUBOSE, GERALDINE T</b> <b>950 FALLS TR.</b> <b>MALABAR, FL 32950</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DUBOSE, BENJAMIN</b> <b>950 FALLS TRAIL</b> <b>MALABAR, FL 32950</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Steve Lobeck</b> <b>1010 STEEPLECHASE CIR</b> <b>MALABAR FL 32950</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FADM, AVA</b> <b>1170 BRAIN RUN CIRCLE</b> <b>MALABAR, FL 32950</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Michael Fagan</b> <b>1170 Brain Run Circle</b> <b>Malabar FL 32950</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EGAN, ED</b> <b>1055 HOLLOW BROOK LANE</b> <b>MALABAR, FL 32950</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Stephen Prettyman</b> <b>1140 Hollow Brook Lane</b> <b>Malabar FL 32950</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HORNER, LUCY</b> <b>1315 PEMBERTON TRAIL</b> <b>MALABAR, FL 32950</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Tiffany Holtzman</b> <b>1070 Hollow Brook Ln.</b> <b>Malabar, FL 32950</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOMMER, ANDREW</b> <b>1110 HOLLOW BROOK LANE</b> <b>MALABAR, FL 32950</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>Jim Burns</b> <b>920 Brookshire Cir.</b> <b>Malabar, FL 32950</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEAVER, KENNETH</b> <b>970 FALLS TRAIL</b> <b>MALABAR, FL 32950</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>Laura Hottendorf</b> <b>1065 Oak Tree Place</b> <b>Malabar, FL 32950</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <span style="float: right;">3/21/06 321-729-8413</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					