


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90011 036 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3092450	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOBECK, STEVE		NAME		
STREET ADDRESS	1010 STEEPLE CHASE CIR		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAGAN, MICHAEL		NAME		
STREET ADDRESS	1170 BRIAR RUN CIR		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRETTYMAN, STEPHEN		NAME	VICE PRESIDENT	
STREET ADDRESS	1140 HOLLOW BROOK LN		STREET ADDRESS	FERN KICHA	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	1005 PENBENTON TRAIL	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOTZMAN, TIFFANY		NAME	SECRETARY	
STREET ADDRESS	1070 HOLLOW BROOK LN		STREET ADDRESS	BARBARA J. HOAN	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	930 HOLLOWAY TRAIL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOMMER, ANDREW		NAME		
STREET ADDRESS	1110 HOLLOW BROOK LANE		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	HOTTLENDORF, LAURA		NAME		
STREET ADDRESS	1065 OAK TREE PLACE		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 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.

SIGNATURE: _____

Michael Fagan

3/24/07