## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # N23487  1. Entity Name BROOKER TRACE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.					04-14-2008 90027 011 ****61.25			
2601 BROOKER TRACE LANE		Mailing Address 2609 BROOKER TRACELANE VALRICO, FL 33594 US			. 1177) <b>. 1198</b> 1 (1111) <b>. 1198</b> 1 (1111) <b>. 1198</b> 1 (1111)	kāli diāli diga divika		
			3. Mailing Address 2014 Brooker Trace Ln Suite, Apt. #, etc.					
City & State		. City & State		04012008 CI	ng-NP CR2E(	)37 (12/06)	ied For	
Zip	Country	Valrico FL	Country	65-015686		<u> </u>	pplicable	
		33596	US	5. Certificate of St		Fee Required	// IQ:	
	6. Name and Address of Current F	Name (>_	7. Name and Add	ress of New Registered	Agent			
MAAS, CHERYL Y 2609 BROOKER TRACE LANE VALRICO, FL 33594				et Address (P.O. Box Number is Not Acceptable)				
		City Val	rico	FI	Zip Code	ر ت 		
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							d accept	
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign     Trust Fund Contrib		\$5.00 May Be Added to Fees		k payable to rtment of State	₽	
10.	OFFICERS AND DIR		1.		S TO OFFICERS AND D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROTH, PAUL 2604 BROOKER TRACE LANE VALRICO, FL 33594	N S	STREET ADDRESS 24	rresident Jebi Kyle 18 Brooker Alrico, Fl 33	Trace In	Change [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D REVIS, LEE 2613 BROOKER TRACE LANE VALRICO, FL 33594	N S	TITLE  MAME  STREET ADDRESS	Vice Presidenti Raggin	iont.	Change C	Addition	
TITLE NAME STREET ALURESS CITY-ST-ZIP	S/D RAWLS, PEGGY -2605-BROCKER-TRACE LANE VALRICO, FL 33594	N	ITLE IAME STREET ADDRESS				Addition	
TITLE NAME	T/D	Delete T	ince T	reasurer		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	MAAS, CHERYL Y 2609 BROOKER TRACE LN VALRICO, FL 33594	N S	IAME ITREET ADDRESS ITY-ST-ZIP  ZLO	aryl Watk	cins Trace Ln.	38596 Varico	, FL	
	MAAS, CHERYL Y 2609 BROOKER TRACE LN	N S C C Delete T N S	IAME ITREET ADDRESS ZIE ITTY-ST-ZIP ZIE ITLE IAME ITREET ADDRESS ITTY-ST-ZIP	aryl Watk	tins Trace In,	38596 Var. 10 Change	FC Addition	

12. I hereby certify that the information supplied with this filling 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 all address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

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