2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23487

FILED Jan 29, 2009 Secretary of State

Entity Name: BROOKER TRACE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2614 BROOKER TRACE LN VALRICO, FL 33596 US

Current Mailing Address: New Mailing Address:

2609 BROOKER TRACELANE
VALRICO, FL 33594 US
2614 BROOKER TRACE LN
VALRICO, FL 33596 US

FEI Number: 65-0156867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WATKINS, DARYL 2614 BROOKER TRACE LN VALRICO, FL 33596 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 KYLE, DEBI
 Name:
 MOATS, VICKY

 Address:
 2618 BROOKER TRACE LN
 Address:
 2603 BROOKER TRACE LN

 City-St-Zip:
 VALRICO, FL 33596 US
 City-St-Zip:
 VALRICO, FL 33596 US

Title: VP () Delete Title: VP (X) Change () Addition Name: RAGGHIANTI, PATTI Name: RAGGHIANTI, PATTI

Address: 2608 BROOKER TRACE LN Address: 2606 BROOKER TRACE LN City-St-Zip: VALRICO, FL 33596 US City-St-Zip: VALRICO, FL 33596 US

 $\label{eq:title: S/D (x) Delete} Title: S/D (x) Change (x) Addition$

Name:RAWLS, PEGGYName:REVIS, RENEEAddress:2605 BROOKER TRACE LANEAddress:2613 BROOKER TRACE LANE

City-St-Zip: VALRICO, FL 33594 US City-St-Zip: VALRICO, FL 33596 US

Title: T () Delete Title: () Change () Addition
Name: WATKINS, DARYL Name:

 Name:
 WATKINS, DARYL
 Name:

 Address:
 2614 BROOKER TRACE LN
 Address:

 City-St-Zip:
 VALRICO, FL 33596
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DARYL WATKINS TREA 01/29/2009