

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N23902

1. Entity Name
BROADMOOR PINES HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business

7715 BROADMOOR PINES BLVD.
SARASOTA, FL 34243

Mailing Address

7715 BROADMOOR PINES BLVD.
SARASOTA, FL 34243

DO NOT WRITE IN THIS SPACE



02122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0046473

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, ROBERT G.
2033 MAIN STREET
SARASOTA, FL 34237

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LARUE, JAMES
STREET ADDRESS	7715 BROADMOOR PINES BLVD
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	SD
NAME	LOCKIE, CLYDE
STREET ADDRESS	7904 BROADMOOR PINES BLVD
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	TD
NAME	HAMPTON, DONNA
STREET ADDRESS	7936 BROADMOOR PINES
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	VPD
NAME	KEMMET, JOHN
STREET ADDRESS	7708 BROADMOOR PINES BOULEVARD
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	D
NAME	MICHAEL, STEPHEN
STREET ADDRESS	7715 BROADMOOR PINES BLVD
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #