

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norton
Secretary of State
BUREAU OF CORPORATIONS

DOCUMENT # **N49000** (5)

1. Corporation Name

BROOKER CREEK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MR. SCOTT HUNT
4388 BROOKER CREEK DR
PALM HARBOR FL 34685
US

4388 BROOKER CREEK DR.
C/O MR. SCOTT HUNT
PALM HARBOR FL 34685
US

BC 40A

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/21/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **4355 Brooker Creek Dr**

26 **355 Brooker Creek Dr**

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22 **Palm Harbor**

27 **Palm Harbor**

City & State

City & State

23 **FL**

28 **FL**

Zip

Country

Zip

Country

24 **34685**

25 **U.S.**

29 **34685**

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMBAUM, WILLIAM
2420 ENTERPRISE ROAD
SUITE 205
CLEARWATER FL 34623

81 Name **Laura Tomich**
82 Street Address (P.O. Box Number is Not Acceptable)
3142 Brooker Creek Way
83 **Palm Harbor**
84 City
85 **FL**
86 Zip Code
34685

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Laura Tomich

Laura Tomich

4/27/95

(Signature must be typed and printed name of registered agent and the corporation)

(Signature must be typed and printed name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUNT, SCOTT
STREET ADDRESS	4388 BROOKER CRK. DR.
CITY & ZIP	PALM HARBOR FL
TITLE	ST
NAME	CLINE, KAREN
STREET ADDRESS	4399 BROOKER CREEK DR.
CITY & ZIP	PALM HARBOR FL
TITLE	VP
NAME	REED, CYNDY
STREET ADDRESS	4396 BROOKER CREEK DR.
CITY & ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	P-D	☒ Change ☐ Addition
NAME	Tomich, Laura	
STREET ADDRESS	3142 Brooker Creek Way	
CITY & ZIP	Palm Harbor, FL 34685	
TITLE	Claire Wolkind	☒ Change ☐ Addition
NAME	3146 Brooker Creek Way	
STREET ADDRESS	Palm Harbor, FL 34685	
CITY & ZIP		
TITLE	Janet Lindberg	☒ Change ☐ Addition
NAME	4397 Brooker Creek Drive	
STREET ADDRESS	Palm Harbor FL 34685	
CITY & ZIP		
TITLE	Adele Reitz	☐ Change ☒ Addition
NAME	4398 Brooker Creek Drive	
STREET ADDRESS	Palm Harbor FL 34685	
CITY & ZIP		
TITLE	Charlie Guenther	☐ Change ☒ Addition
NAME	4393 Brooker Creek Drive	
STREET ADDRESS	Palm Harbor, FL 34685	
CITY & ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY & ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0502(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed, or on an attachment with an addendum.

SIGNATURE: **Laura Tomich** **Laura Tomich**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 **787-5360**