

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N49000 (5)**  
1. Corporation Name  
**BROOKER CREEK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
4355 BROOKER CREEK DR  
4388 BROOKER CREEK DR.  
PALM HARBOR FL 34685  
US

Mailing Address  
*Brooker Creek HOA, President*  
4355 BROOKER CREEK DR  
~~4388 BROOKER CREEK DR~~  
PALM HARBOR FL 34685  
US

3. Date Incorporated or Qualified **05/21/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business *Inc*  
21 *Brooker Creek Homeowners Assoc* 2a. Mailing Address  
26 *BC HOA - President*  
Suite, Apt. #, etc.  
22 *4355 Brooker Creek Drive* 27 *4355 Brooker Creek Dr*  
City & State  
23 *Palm Harbor, FL* 28 *Palm Harbor, FL*  
Zip  
24 *34685* 25 *USA* 29 *34685* 30 *USA*

4. FEI Number **593320017** APPLIED FOR  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

**TOMICH, LAURA**  
3142 BROOKER CREEK WAY  
SUITE 205  
PALM HARBOR FL 34685

## 10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *JOHN TOMICH PRES.*

(NOTE: Registered Agent signature required when reinstating)

DATE *4-24-96*

12. OFFICERS AND DIRECTORS	
TITLE	TP <input checked="" type="checkbox"/> DELETE
NAME	<b>TOMICH, LAURA</b>
STREET ADDRESS	<b>3142 BROOKER CREEK WAY</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>WOLKIND, CLAIRE</b>
STREET ADDRESS	<b>3146 BROOKER CREEK WAY</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	<b>LINDBERG, JANET</b>
STREET ADDRESS	<b>4397 BROOKER CREEK DR</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>REITZ, ADELE</b>
STREET ADDRESS	<b>4398 BROOKER CREEK DRIVE</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>GUENTHNER, CHERIE</b>
STREET ADDRESS	<b>4393 BROOKER CREEK DRIVE</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<i>P-D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>John Tomich</i>
1.3 STREET ADDRESS	<i>3142 Brooker Creek Way</i>
1.4 CITY-ST-ZIP	<i>Palm Harbor, FL 34685</i>
2.1 TITLE	<i>D-</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<i>S-D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>ay nay Reed</i>
3.3 STREET ADDRESS	<i>4396 Brooker Creek Drive</i>
3.4 CITY-ST-ZIP	<i>Palm Harbor, FL 34685</i>
4.1 TITLE	<i>T-D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>Jeffrey Cotton</i>
5.3 STREET ADDRESS	<i>2700 W. McDill</i>
5.4 CITY-ST-ZIP	<i>Tampa, FL 33607</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*JOHN TOMICH*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-24-96* *813-987-5360*  
Date Daytime Phone #

CR2E037 (12/95)