


FILE NOW: FILING FEE IS \$61.25

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Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49000** (5)
1. Corporation Name
BROOKER CREEK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business BROOKER CREEK HOME OWNERS ASSOC. INC. 4355 BROOKER CREEK DR PALM HARBOR FL 34685 US	Mailing Address BCHOA-PRESIDENT 4355 BROOKER CREEK DR PALM HARBOR FL 34685-1502 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/21/1992	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3320017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TOMICH, JOHN 3142 BROOKER CREEK WAY PALM HARBOR FL 34685	
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10. Name and Address of New Registered Agent	
81 Name BEAU PHILIPPE	
82 Street Address (P.O. Box Number is Not Acceptable) 126 3RD AVE N.	
83 SAFETY HARBOR	
84 City 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 *Sean* DATE **6-4-97**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	TOMICH, JOHN
STREET ADDRESS	BROOKER CREEK WAY
CITY-ST-ZIP	PALM HARBOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WOLKIND, CLAIRE
STREET ADDRESS	3146 BROOKER CREEK WAY
CITY-ST-ZIP	PALM HARBOR FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	REED, CYNDY
STREET ADDRESS	4398 BROOKER CREEK DR
CITY-ST-ZIP	PALM HARBOR FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	REITZ, ADELE
STREET ADDRESS	4398 BROOKER CREEK DRIVE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COTTER, JEFFREY
STREET ADDRESS	2700 N MCDILL
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEAU PHILIPPE
1.3 STREET ADDRESS	126 3RD AVE N.
1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WOLKIND, CLAIRE
2.3 STREET ADDRESS	3146 BROOKER CREEK DR.
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34685
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN TOMICH
3.3 STREET ADDRESS	3142 BROOKER CREEK WAY
3.4 CITY-ST-ZIP	PALM HARBOR, FL 34685
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PAT DOERR
4.3 STREET ADDRESS	3144 BROOKER CREEK WAY
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BILL COOK
5.3 STREET ADDRESS	4066 3140 BROOKER CREEK WAY
5.4 CITY-ST-ZIP	PALM HARBOR, FL 34685
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)