

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 US
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3. Date Incorporated or Qualified 05/21/1992
4. FEI Number 59-3320017
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent
**PHILIPPE, BEAU
126 3RD AVE N
SAFETY HARBOR FL 34685**

10. Name and Address of New Registered Agent
81 Name WILLIAM COOK
82 Street Address (P.O. Box Number is Not Acceptable) 3140 BROOKER CREEK WAY
83 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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE **3-12-98**

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	PHILIPPE, BEAU
126 3RD AVE N	126 3RD AVE N
SAFETY HARBOR FL	SAFETY HARBOR FL
<input checked="" type="checkbox"/> DELETE	
TITLE	NAME
D	WOLKIND, CLAIRE
3146 BROOKER CREEK WAY	3146 BROOKER CREEK WAY
PALM HARBOR FL	PALM HARBOR FL
<input checked="" type="checkbox"/> DELETE	
TITLE	NAME
SD	TOMCH, JOHN
3142 BROOKER CREEK WAY	3142 BROOKER CREEK WAY
PALM HARBOR FL	PALM HARBOR FL
<input checked="" type="checkbox"/> DELETE	
TITLE	NAME
TD	DOERR, PAT
3144 BROOKER CREEK WAY	3144 BROOKER CREEK WAY
PALM HARBOR FL	PALM HARBOR FL
<input type="checkbox"/> DELETE	
TITLE	NAME
D	COOK, BILL
3140 BROOKER CREEK WAY	3140 BROOKER CREEK WAY
PALM HARBOR FL	PALM HARBOR FL
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HARRY SMITH
3.3 STREET ADDRESS	4395 BROOKER CREEK DRIVE
3.4 CITY-ST-ZIP	PALM HARBOR, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	COOK, BILL
5.3 STREET ADDRESS	3140 BROOKER CREEK WAY
5.4 CITY-ST-ZIP	PALM HARBOR, FL
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 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.

SIGNATURE: [Signature] **2-26-98** **813-777-1997**

CR2E037 (10/97)