

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003192

FILED
Mar 10, 2009
Secretary of State

Entity Name: BROOKWOOD FOREST ASSOCIATION, INC.

Current Principal Place of Business:

PROFESSIONAL COMMUNITY MGT., INC.
786 BLANDING BLVD #118
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

PROFESSIONAL COMMUNITY MGT., INC.
786 BLANDING BLVD #118
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 28-7329490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERRY, ALAN
786 BLANDING BLVD #118
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CURTIS, JUDY
Address: 1146 ROMAINE CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: ARNSTEIN, SUSAN
Address: 1173 ROMAINE CIRCLE W.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DT () Delete
Name: MCLEAN, HUGH
Address: 1191 ROMAINE CT E
City-St-Zip: JACKSONVILLE, FL 32225

Title: VS () Delete
Name: BORSVERT, RICHARD
Address: 10114 FROMAGE CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Delete
Name: WINTERSS, MARTHA
Address: 1188 FROMAGE WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Delete
Name: REGAN, FRANCIS
Address: 1209 RADTS PLACE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: POINSETTE, RAY
Address: 1196 FROMAGE WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change () Addition
Name: MCLEAN, HUGH
Address: 1191 ROMAINE CT E
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN PERRY

RA

03/10/2009

Electronic Signature of Signing Officer or Director

Date