


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001353 1. Entity Name BROOKS LANDING HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 218 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548	Mailing Address 218 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548
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DO NOT WRITE IN THIS SPACE



08012006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3200217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, TERRY
218 MIRACLE STRIP PKWY UNIT A
FORT WALTON BEACH, FL 32548

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOBLE, DARREL 218 B MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COXWELL, JUDY 218 B MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWOPE, LINDA 6144 LENNOX PL MOBILE, AL 36693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSS, FAYE 218 K MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/04/06-80008-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darrel Goble Darrel Goble 8-1-06 850-243-1750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #