

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N94000001353**

1. Entity Name  
**BROOKS LANDING HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**218 MIRACLE STRIP PARKWAY  
FT WALTON BEACH, FL 32548**

Mailing Address  
**218 MIRACLE STRIP PARKWAY  
FT WALTON BEACH, FL 32548**



04252007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3200217</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOBLE, DARREL 218 B MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COXWELL, JUDY 218 B MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWOPE, LINDA 6144 LENNOX PL MOBILE, AL 36693
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSS, FAYE 218 K MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000757910  
05/23/07-80092-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

*4/27/07* *850-243-1750*  
Date Daytime Phone #