2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# N94000001353

Entity Name: BROOKS LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

218 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

218 MIRACLE STRIP PARKWAY
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3200217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEYER, TERRY
218 MIRACLE STRIP PKWY UNIT A
FORT WALTON BEACH, FL 32548 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: P ( ) Delete
Name: GOBLE, DARREL
Address: 218 B MIRACLE STRIP PKWY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T ( ) Delete
Name: COXWELL, JUDY
Address: 218 B MIRACLE STRIP PKWY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP ( ) Delete
Name: SWOPE, LINDA
Address: 6144 LENNOX PL
City-St-Zip: MOBILE, AL 36693

Title: S ( ) Delete
Name: GROSS, FAYE
Address: 218 K MIRACLE STRIP PKWY
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DARREL GOBLE P 01/24/2009

Electronic Signature of Signing Officer or Director — Date