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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004891 (7)
1. Corporation Name
BROADMOOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2630 N.W. 41ST STREET SUITE C-2 GAINESVILLE FL 32606	Mailing Address 2630 N.W. 41ST STREET SUITE C-2 GAINESVILLE FL 32606-6666
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2. Principal Place of Business 21 2830 NW 41 St.	2a. Mailing Address 26 P.O. Box 147050
22 Suite, Apt. #, etc. Suite F	27 Suite, Apt. #, etc. Suite 30
23 City & State Gainesville, FL.	28 City & State Gainesville, FL.
24 Zip 32606	25 Country
29 Zip 32614-7050	30 Country

3. Date Incorporated or Qualified 09/29/1994	3a. Date of Last Report 05/15/1996
4. FEI Number 59-3318602	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KISSEL, WALDERMAR F JR
2630 N.W. 41ST STREET
SUITE C-2
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name Smith, Beverly K.
82 Street Address (P.O. Box Number is Not Acceptable) 2830 NW 41 St.
83 Suite, Apt. #, etc. Suite F
84 City Gainesville
85 Zip Code FL 32606

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 *Beverly K. Smith* DATE **4-21-97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE P&D	NAME KISSEL, WALDEMAR F JR	<input type="checkbox"/> DELETE
STREET ADDRESS 2630 N.W. 41ST STREET	CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE VTD	NAME KISSEL, MELVA M	<input type="checkbox"/> DELETE
STREET ADDRESS 2630 N.W. 41ST STREET	CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE D	NAME JOHNSON, CARL L	<input type="checkbox"/> DELETE
STREET ADDRESS 2731 N.W. 41 STREET, B-3	CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE VD	1.2 NAME Bob Chapman	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS 1315 NW 99 Terr.	1.4 CITY-ST-ZIP Gainesville, FL. 32606		
2.1 TITLE SJD	2.2 NAME Michelle Decker	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3 STREET ADDRESS 1136 NW 101 Dr.	2.4 CITY-ST-ZIP Gainesville, FL. 32606		
3.1 TITLE D	3.2 NAME Melva M. Kissel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS 3600 NW 43 St., Suite E-2	3.4 CITY-ST-ZIP Gainesville, FL. 32606		
4.1 TITLE PD	4.2 NAME Waldemar F. Kissel, Jr.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS 3600 NW 43 St., Suite E-2	4.4 CITY-ST-ZIP Gainesville, FL. 32606		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. I do 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 *Waldemar F. Kissel, Jr.* **352-375-**

CR2E037 (9/96)