

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90164 002 ****61.25

00-3310

DOCUMENT # N94000004891
 1. Entity Name
BROADMOOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 3008-E NW 13 ST GAINESVILLE FL 32609 US	Mailing Address 10418 NW 13 AVE GAINESVILLE FL 32606 US
2. Principal Place of Business 1223 NW 101ST DRIVE Suite, Apt. #, etc.	3. Mailing Address 4400 NW 36TH AVENUE Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State GAINESVILLE, FL	City & State GAINESVILLE, FL	4. FEI Number 59-3318602	Applied For <input type="checkbox"/> Not Applicable
Zip 32606	Country USA	Zip 32606	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CANNON, STEPHEN R 10418 NW 13 AVENUE GAINESVILLE FL 32606	7. Name and Address of New Registered Agent Name MANAGEMENT SPECIALISTS Street Address (P.O. Box Number is Not Acceptable) 4400 NW 36TH AVENUE ATTN: PAT TRIPPE City GAINESVILLE FL Zip Code 32606
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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.

SIGNATURE *Pat Trippe* *PAT TRIPPE* 2-28-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANNON, STEPHEN R 10418 NW 13 AVE GAINESVILLE FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOHRE JOHN 10631 NW 9TH ROAD GAINESVILLE, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOMLINSON, PEGGY 10233 NW 13 LANE GAINESVILLE FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAPMAN, BOB 1315 NW 99TH TERRACE GAINESVILLE, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIENS, GLORIA 10302 NW 13 LANE GAINESVILLE FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, ERNEST 10321 NW 13TH AVENUE GAINESVILLE, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLER, ROBERT 10213 NW 13 LANE GAINESVILLE FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR, RAY 1103 NW 98 TERR GAINESVILLE FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIAMBRONE, RICHARD 11439 NW 98TH TERRACE GAINESVILLE, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGONY, DONNA 9919 NW 13 AVE GAINESVILLE FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: *[Signature]* 2-27-01 353-333-1773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)