

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004891

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: BROADMOOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 NW 36TH AVENUE  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 US

**Current Mailing Address:**

4400 NW 36TH AVENUE  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 US

FEI Number: 59-3318602      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANAGEMENT SPECIALISTS  
4400 NW 36TH AVENUE  
ATTN: PAT TRIPPE  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

TRIPPE, PATRICIA K  
5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 US

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

01/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEE, JEFF  
Address: 10634 NW 9TH RD  
City-St-Zip: GAINESVILLE, FL 32606

Title: VP ( ) Delete  
Name: SMYTHE, PAT  
Address: 1033 NW 106TH ST  
City-St-Zip: GAINESVILLE, FL 32606

Title: S ( ) Delete  
Name: WILSON, HAL  
Address: 10405 NW 13TH AVE.  
City-St-Zip: GAINESVILLE, FL 32606

Title: T (X) Delete  
Name: BRACKE, ERIC  
Address: 10233 NW 13TH LN  
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Delete  
Name: MADDEN, CHARLES  
Address: 10023 NW 13TH AVE.  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: WILSON, HAL  
Address: 10405 NW 13TH AVE.  
City-St-Zip: GAINESVILLE, FL 32606

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: JEFF LEE

PD

01/18/2008

Electronic Signature of Signing Officer or Director

Date