

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

3/1

FILED
Apr 04, 2007 8:00 am
Secretary of State

03-26-2007 90066 012 ****61.25

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



Principal Place of Business

**3684 TAMPA RD
SUITE 6
OLDSMAR, FL 34677**

Mailing Address

**3684 TAMPA RD
SUITE 6
OLDSMAR, FL 34677**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP

CR2E037 (4/08)

4. FEI Number
59-3298516

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GALBRAITH, CHARLA J
3684 TAMPA RD
SUITE 6
OLDSMAR, FL 34677**

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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 reappointing)

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
**PD
REARDON, MAUREEN
1958 FISHERMENS BEND
PALM HARBOR, FL 34885**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FERGUSON, SIMONE
2009 FISHERMENS BEND
PALM HARBOR, FL 34885**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PFEIFFER, JAMES
1946 FISHERMENS BEND
PALM HARBOR, FL 34885**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HENRY, SALLY
2006 OTTER WAY
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Richard Boleski
2071 Otter Way
Palm Harbor, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Misty Harmon
2032 Fishermens Bend
Palm Harbor, FL 34685**

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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 817, 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:

Maureen C Reardon

(727) 713-9542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PREP:

MAUREEN REARDON

DATE