


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90133 016 ****61.25

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| DOCUMENT # N95000000540 | |  | |
| 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 | |
| 2. Principal Place of Business - No P.O. Box # 4151 Woodlands Pkwy Suite, Apt. #, etc. | | 3. Mailing Address 4151 Woodlands Pkwy Suite, Apt. #, etc. | |
| City & State Palm Harbor, FL | | City & State Palm Harbor | |
| Zip 34685 | | Country FL | |
| 6. Name and Address of Current Registered Agent GALBRAITH, CHARLA J 3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677 | | 7. Name and Address of New Registered Agent Name: Maureen C. Reardon Street Address (P.O. Box Number is Not Acceptable): 4151 Woodlands Parkway City: Palm Harbor FL Zip Code: 34685 | |
| 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: <u>Maureen C Reardon</u> DATE: <u>4/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE: D NAME: HARMON, MISTY STREET ADDRESS: 2037 FISHERMANS BEND CITY-ST-ZIP: PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete | TITLE: SD NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: SD NAME: FERGUSON, SIMONE STREET ADDRESS: 2009 FISHERMENS BEND CITY-ST-ZIP: PALM HARBOR, FL 34685 | <input checked="" type="checkbox"/> Delete | TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TD NAME: PFEIFFER, JAMES STREET ADDRESS: 1946 FISHERMENS BEND CITY-ST-ZIP: PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete | TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: HENRY, SALLY STREET ADDRESS: 2006 OTTER WAY CITY-ST-ZIP: PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete | TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: BOLESKI, RICHARD STREET ADDRESS: 2071 OTTER WAY CITY-ST-ZIP: PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete | TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] | <input type="checkbox"/> Delete | TITLE: PD NAME: Maureen C. Reardon STREET ADDRESS: 1958 Fishermens Bend CITY-ST-ZIP: Palm Harbor, FL 34685 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 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: <u>Maureen C Reardon</u> | | Date: <u>4/21/08</u> Daytime Phone #: <u>727-773-9542</u> | |



04212008 Chg-NP CR2E037 (12/06)