2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N95000000540

Entity Name: BROOKERS LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PKWY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PKWY
SUITE 6
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-3298516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: HARMON, MISTY
Address: 2037 FISHERMANS BEND
City-St-Zip: PALM HARBOR, FL 34685

Title: TD ( ) Delete
Name: PFEIFFER, JAMES
Address: 1946 FISHERMENS BEND
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: HENRY, SALLY
Address: 2006 OTTER WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: VP ( ) Delete
Name: BOLESKI, RICHARD
Address: 2071 OTTER WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: PD (X) Delete
Name: REARDON, MAUREEN C
Address: 1958 FISHERMENS BEND
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: GAROUTSOS, JAMES
Address: 2095 OTTER WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change ( ) Addition
Name: HERNY, SALLY
Address: 2006 OTTER WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: P (X) Change ( ) Addition
Name: BOLESLAWSKI, RICHARD
Address: 2071 OTTER WAY
City-St-Zip: PALM HARBOR, FL 34685

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: RICHARD BOLESLAWSKI PRES 02/19/2009

Electronic Signature of Signing Officer or Director — Date