

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002215

FILED
Apr 29, 2009
Secretary of State

Entity Name: BROOKHILL ASSOCIATION, INC.

Current Principal Place of Business:

202 YORK DRIVE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 237634
COCOA, FL 32923 US

New Mailing Address:

FEI Number: 59-3047149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOHN, ROBERT A JR.
960 COCOA BOULEVARD
COCOA, FL 32923 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: P () Delete
Name: LEVINE, STANLEY L
Address: 3707 WINDSOR DRIVE
City-St-Zip: COCOA, FL 32926

Title: VP () Delete
Name: EPLER, CHRISTOPHER E
Address: 103 BROOKHILL DRIVE
City-St-Zip: COCOA, FL 32926

Title: ST () Delete
Name: LOWRY, SHARON L
Address: 202 YORK DRIVE
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: CHASE, BRIAN D
Address: 109 BROOKHILL DRIVE
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: KELLY, MARY ANN
Address: 3711 WARWICK DRIVE
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: KENNELLY, DELLA
Address: 3711 INDIAN RIVER DRIVE
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SHARON LOWRY

ST

04/29/2009

Electronic Signature of Signing Officer or Director

Date