

N96000002215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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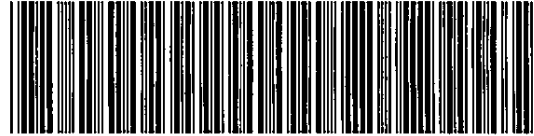
(Business Entity Name)

(Document Number)

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FALL ARKANSAS

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AUG 26 2016

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Brookhill Association, Inc  
Name of Corporation

DOCUMENT NUMBER: N9600000 2215

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Connaughton  
Name of Contact Person

Brookhill Association, Inc  
Firm/Company

PO Box 237634  
Address

Cocoa, FL 32923  
City/State and Zip Code

dconnaughton@att.net  
E-mail address: (to be used for future annual report notification)

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16 AUG 18 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Debra Connaughton at (321) 433-2083  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Brookhill Association, Inc  
2. The principal office address: 103 Brookhill Drive  
Cocoa, Fl. 32926  
3. The mailing address (if different): PO Box 237634  
Cocoa, Fl. 32923  
4. Date of incorporation/qualification: 4/22/1994 Document number: 59-3047149  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Norman M. Lowry  
202 York Drive  
Cocoa, Fl. 32926

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Debra Connaughton  
103 Brookhill Drive  
P.O. Box NOT acceptable  
Cocoa, Fl. 32926

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

16 AUG 18 PM 5:00

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Terry A. DelBono  
Signature of an officer or director

Terry A. DelBono  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Debra Connaughton  
Signature of Registered Agent

8/13/16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6227, TALLAHASSEE, FL 32314