

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N97000003834

1. Entity Name
**BROOKE RIDGE HOMEOWNERS ASSOCIATION OF
PINELLAS COUNTY, INC.**



Principal Place of Business

**1525 ALEXANDER WAY
CLEARWATER, FL 33756**

Mailing Address

**1525 ALEXANDER WAY
CLEARWATER, FL 33756**



01142006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3479518

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILES, NONA
1525 ALEXANDER WAY
CLEARWATER, FL 33756**

**DO NOT WRITE
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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	P MILES, NONA 1525 ALEXANDER WAY CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHROEDER, DEBORAH 1320 ALEXANDER WAY CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRKPATRICK, MICHAEL 1230 ALEXANDER WAY CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COUSINO, JAMES 1420 ALEXANDER WAY CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000393172
01/25/06-80010-008 61.25

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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: *Michael Kirkpatrick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-06 (727) 587-6330

Date

Daytime Phone #