

8/12

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # N98000001064

1. Entity Name

BROOKWOOD FOREST WEST OWNERS ASSOCIATION, INC. ✓

02 OCT -7 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
42829

Principal Place of Business

1036 JONES CREEK DRIVE
JACKSONVILLE FL 32225

Mailing Address

1036 JONES CREEK DRIVE
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3492769

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROMAN, JESUS E
1036 JONES CREEK DRIVE
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name: Barbara S. Anderson
Street Address (P.O. Box Number is Not Acceptable):
1036 Jones Creek Dr
City: Jacksonville FL Zip Code: 32225

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] Barbara S Anderson 10/4/02
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
NAME: ROMAN, CARMAN I
STREET ADDRESS: 1036 JONES CREEK DRIVE
CITY-ST-ZIP: JACKSONVILLE FL 32225 Delete

TITLE: PD
NAME: Barbara S. Anderson Change Addition
STREET ADDRESS: 1036 Jones Creek
CITY-ST-ZIP: JACKSONVILLE, FL 32225

TITLE: VD
NAME: HARRISON, JAY
STREET ADDRESS: 1027 JONES CREEK DRIVE
CITY-ST-ZIP: JACKSONVILLE FL 32225 Delete

TITLE: VD
NAME: TINA Booth Change Addition
STREET ADDRESS: 1035 Jones Creek Dr
CITY-ST-ZIP: 32225

TITLE: TSD
NAME: ROMAN, JESUS E
STREET ADDRESS: 1036 JONES CREEK DRIVE
CITY-ST-ZIP: JACKSONVILLE FL 32225 Delete

TITLE: TSD
NAME: Frank Noatak Change Addition
STREET ADDRESS: 104 Jones Creek
CITY-ST-ZIP: 322

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] SIGNATURE REQUIRED Barbara S Anderson 10/4/02 904-854-5389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (4/02)