

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90042 043 \*\*\*\*61.25

**50004308**



01102005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N98000001064</b> 1. Entity Name <b>BROOKWOOD FOREST WEST OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1036 JONES CREEK DRIVE JACKSONVILLE, FL 32225</b>		Mailing Address <b>1036 JONES CREEK DRIVE JACKSONVILLE, FL 32225</b>	
2. Principal Place of Business <b>1019 Jones Creek Dr</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>1019 Jones Creek Dr</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Jacksonville FL</b> Zip <b>32225-6308</b>		City & State <b>Jacksonville FL</b> Zip <b>32225-6308</b>	
4. FEI Number <b>59-3492769</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ANDERSON, BARBARA S 1036 JONES CREEK DRIVE JACKSONVILLE, FL 32225</b>		7. Name and Address of New Registered Agent Name <b>Carl K. Addy</b> Street Address (P.O. Box Number is Not Acceptable) <b>1019 Jones Creek Drive</b> City <b>Jacksonville</b> FL <b>32225-6308</b>	
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  DATE <b>1/18/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, BARBARA S 1036 JONES CREEK DRIVE JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carl K. Addy 1019 Jones Creek Drive Jacksonville FL 32225-6308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOOTH, TINA 1035 JONES CREEK DR. JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD NOSALEK, FRANK 1044 JONES CREEK DRIVE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member-At-Large Jay Harrison 1027 Jones Creek Drive Jacksonville FL 32225-6308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Date <b>1/18/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	