

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jan 16, 2007
Secretary of State**

DOCUMENT# N98000001064

Entity Name: BROOKWOOD FOREST WEST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1019 JONES CREEK DR
JACKSONVILLE, FL 322256308

New Principal Place of Business:

1044 JONES CREEK DR
JACKSONVILLE, FL 322256311

Current Mailing Address:

1019 JONES CREEK DR
JACKSONVILLE, FL 322256308

New Mailing Address:

1044 JONES CREEK DR
JACKSONVILLE, FL 322256311

FEI Number: 59-3492769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ADDY, CARL K
1019 JONES CREEK DR
JACKSONVILLE, FL 322256308 US

Name and Address of New Registered Agent:

NOSALEK, FRANK MR.
1044 JONES CREEK DR
JACKSONVILLE, FL 322256311 US

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: FRANK NOSALEK

01/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADDY, KARL K
Address: 1019 JONES CREEK DR
City-St-Zip: JACKSONVILLE, FL 322256308

Title: S () Delete
Name: BOOTH, TINA
Address: 1035 JONES CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: TSD () Delete
Name: NOSALEK, FRANK
Address: 1044 JONES CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: MAL () Delete
Name: HARRISON, JAY
Address: 1027 JONES CREEK DR
City-St-Zip: JACKSONVILLE, FL 322256308

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK NOSALEK

TSD

01/16/2007

Electronic Signature of Signing Officer or Director

Date