

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N98000001064

Entity Name: BROOKWOOD FOREST WEST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1044 JONES CREEK DR
JACKSONVILLE, FL 322256311

New Principal Place of Business:

1044 JONES CREEK DR
JACKSONVILLE, FL 322256311 US

Current Mailing Address:

1044 JONES CREEK DR
JACKSONVILLE, FL 322256311

New Mailing Address:

1044 JONES CREEK DR
JACKSONVILLE, FL 322256311 US

FEI Number: 59-3492769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: NOSALEK, FRANK TREAS
Address: 1044 JONES CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 322256311 US

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CARTWRIGHT, CHERYL
Address: 1052 JONES CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DIR () Change (X) Addition
Name: CARTWRIGHT, ROB
Address: 1052 JONES CREEK DR
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify 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

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date