

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2011  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

1044 JONES CREEK DR  
JACKSONVILLE, FL 322256311 US

**New Mailing Address:**

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  
Name: NOSALEK, FRANK TREAS  
Address: 1044 JONES CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 322256311 US

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

Title: DIR  
Name: CARTWRIGHT, ROB  
Address: 1052 JONES CREEK DR  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: FRANK NOSALEK

TSD

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date