


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000003252</b> 1. Entity Name PINEBROOK HOME OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 615 PINEBROOK CIRCLE CANTONMENT, FL 32533	Mailing Address 615 PINEBROOK CIRCLE CANTONMENT, FL 32533
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**DO NOT WRITE IN THIS SPACE**



02022008 No Chg-NP CR2E037 (4/08)

4. FEI Number NOT APPLICABLE	Applied For 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

THOMAS, MALCOLM  
 615 PINEBROOK CIRCLE  
 CANTONMENT, FL 32533

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000917880  
 02/15/08-80021-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINKOUS, MAUREEN 493 PINEBROOK CIR CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, MALCOLM 615 PINEBROOK CIRCLE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKERSON, PRESTON 535 PINEBROOK CIR CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLOWAY, BETTY 507 PINEBROOK CIRCLE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, DOUG 496 ASHLEY ROAD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Malcolm Thomas 2/2/08 850 968 9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #