

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800006691

1. Entity Name

BROOKHAVENS OF PALATKA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2020 ASH BROOKE LANE
PALATKA FL 32177

Mailing Address

2020 ASH BROOKE LANE
PALATKA FL 32177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3504315

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWNS, KENNY M
2020 ASH BROOKE LANE
PALATKA FL 32177

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

SIGNATURE X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DOWNS, KENNY M
STREET ADDRESS 2020 ASH BROOKE LANE
CITY-ST-ZIP PALATKA FL 32177

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Kenny M. Downs
STREET ADDRESS 2020 Ash Brooke Lane
CITY-ST-ZIP Palatka, FL 32177

Change Addition

TITLE VD
NAME DOWNS, SUSAN M
STREET ADDRESS 2020 ASH BROOKE LANE
CITY-ST-ZIP PALATKA FL 32177

Delete

TITLE

TITLE

Change Addition

TITLE STD
NAME DOWNS, BROOK
STREET ADDRESS 2020 ASH BROOKE LANE
CITY-ST-ZIP PALATKA FL 32177

Delete

TITLE

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

TITLE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

TITLE

Change 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.

386-328-3500

SIGNATURE: Kenny M. Downs 3-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002298

CR2E037 (9/01)