


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90010 035 ****61.25

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| DOCUMENT # N98000006691 |  |
| 1. Entity Name BROOKHAVENS OF PALATKA HOMEOWNERS ASSOCIATION, INC. | |

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| Principal Place of Business 2020 ASHBROOKE LANE PALATKA FL 32177 | Mailing Address 2020 ASHBROOKE LANE PALATKA FL 32177 |
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|---|-----------------------------------|
| 2. Principal Place of Business Same | 3. Mailing Address Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------|-------------------------|
| City & State | City & State |
|-------------------------|-------------------------|

| | | | |
|------------|----------------|------------|----------------|
| Zip | Country | Zip | Country |
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| 4. FEI Number 59-3504315 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DOWNS, KENNY M 2020 ASHBROOKE LANE PALATKA FL 32177 |
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| 7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code |
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| 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: <u>Kenny M. Downs</u> <u>Kenny M. Downs</u> <u>6-28-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |

| | | |
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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DOWNS, KENNY M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2020 ASHBROOKE LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALATKA FL 32177</td> <td></td> </tr> </table> | TITLE | PD | <input type="checkbox"/> Delete | NAME | DOWNS, KENNY M | | STREET ADDRESS | 2020 ASHBROOKE LANE | | CITY-ST-ZIP | PALATKA FL 32177 | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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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.

| | | |
|--|------|-----------------|
| SIGNATURE: <u>Kenny M. Downs</u> <u>Kenny M. Downs</u> <u>6-28-04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|--|------|-----------------|