


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3504315	Applied For 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	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/08/05-80083-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWNS, KENNY M 2020 ASHBROOKE LANE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOWNS, SUSAN M 2020 ASHBROOKE LANE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOWNS, BROOK 2020 ASHBROOKE LANE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: Kenneth M. Downs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR