## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008513

Entity Name: BROOKWOOD OFFICE PARK OWNERS ASSOCIATION, INC.

**FILED** Feb 19, 2019 **Secretary of State** 8539953682CC

## **Current Principal Place of Business:**

1460 OAKFIELD DR BRANDON, FL 33511

## **Current Mailing Address:**

C/O MERIT, INC. 3433 LITHIA PINECREST RD #301 VALRICO, FL 33596 US

FEI Number: 20-8190061 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

1460 OAKFIELD DRIVE BRANDON, FL 33511 US

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **PRESIDENT** Name DINCER, BULENT Name ORR, DUSTIN

Address C/O MERIT, INC. Address C/O MERIT, INC. 3433 LITHIA PINECREST RD #301

3433 LITHIA PINECREST RD #301

City-State-Zip: VALRICO FL 33596 City-State-Zip: VALRICO FL 33596

Title **TREASURER** Title SECRETARY BURROUGHS, HENRY B III DIDONA. JOE Name Name C/O MERIT, INC. Address C/O MERIT, INC. Address

3433 LITHIA PINECREST RD #301 3433 LITHIA PINECREST RD #301

City-State-Zip: VALRICO FL 33596 City-State-Zip: VALRICO FL 33596

Title DIRECTOR Name LEHMAN, MIKE Address C/O MERIT, INC.

3433 LITHIA PINECREST RD #301

City-State-Zip: VALRICO FL 33596

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.

02/19/2019 SIGNATURE: DUSTIN ORR **PRESIDENT**