2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2019
Secretary of State
7308194489CC

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Entity Name: BROOKSTONE HOMEOWNERS' ASSOCIATION OF OCALA, INC.

Current Principal Place of Business:

721 S.E. 36TH LANE
OCALA, FL 34471

Current Mailing Address:

721 S.E. 36TH LANE
OCALA, FL 34471 US

FEI Number: 46-4462071

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUTUMN MANAGEMENT
6027 SW 54TH STREET
UNIT 201
OCALA, FL 34474 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: ANN CHAFFIN 04/22/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	HESTER, EUGENE JR.
Address	721 S.E. 36TH LANE
City-State-Zip:	OCALA FL 34471

Title	S
Name	BUSCH, LORI J
Address	772 S.E. 36TH LANE
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	CAMP, KEVIN
Address	815 SE 36TH LANE
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	ROBINSON, GARRETT
Address	726 SE 36TH LANE
City-State-Zip:	OCALA FL 34471

Title	VP
Name	SOSA, ROLAND
Address	402 S.E. 36TH LANE
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	BABIARZ, TIMOTHY
Address	740 SE 36TH LANE
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	MCINTOSH, TOM
Address	734 SE 36TH LANE
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	SANTE, PAT
Address	808 SE 36TH LANE
City-State-Zip:	OCALA FL 34471

Continues on page 2

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.

SIGNATURE: EUGENE HESTER PRESIDENT 04/22/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SMITH , BRIAN
Address	520 SE 36TH LANE
City-State-Zip:	OCALA FL 34471