

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746556

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** BROOKFIELD GARDENS NORTH MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

700 S.E. 2ND AVE  
#415  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8730  
DEERFIELD BEACH, FL 33443 US

**New Mailing Address:**

**FEI Number:** 59-2019664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RATLIFF, CARY L  
700 S.E. 2ND AVE.  
#415  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: SHEEHEN, GRETCHEN  
Address: 702 SE 2ND AVE. #408  
City-St-Zip: DEERFIELD BCH, FL 33441

Title: PD ( ) Delete  
Name: RATLIFF, CARY L  
Address: 700 SE 2ND AVE., #415  
City-St-Zip: DEERFIELD BCH, FL 33441

Title: SD ( ) Delete  
Name: JIMENEZ, ANGELA  
Address: 700 SE 2ND AVE. #414  
City-St-Zip: DEERFIELD BCH, FL 33441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARY L. RATLIFF

P

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date