


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000006778  
 1. Entity Name  
**BROOKMAN-FELS COMMUNITIES, INC.**



Principal Place of Business 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134
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03292006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0805785	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KERRIGAN, JUANITA I  
 201 ALHAMBRA CIR  
 12TH FLR  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO FELS, JONATHAN 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO LEVY, MICHAEL 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETMAN, DENNIS J 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KERRIGAN, JUANITA I. 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCNAIRY, CHARLES L 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KELFER, GERALD D 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134

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 05/16/06-80021-010 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: Juanita I. Kerrigan, VP/Secretary 4/24/06 (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #