

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JUL 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **092000000735**

1. Entity Name
**BROOKSIDE AT INDIAN SPRING
HOMEOWNERS ASSOCIATION INC.**

Principal Place of Business Mailing Address
**C/O MANAGEMENT SERVICES OF AMERICA INC.
639 E. OCEAN AVE. SUITE 204
BOYNTON BEACH, FL 33435**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **639 E. OCEAN AV.**
204
City & State **BOYNTON BEACH, FL**

Zip Country Zip Country
33435 USA

4. FEI Number **650406361** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**NASON, YERBER & GLEASON ASSOCIATION
(FORMER)**

7. Name and Address of New Registered Agent
Name **ST. JOHN, DICKER, CAPLAN, KRIVOK, & CORE, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
**500 AUSTRALIAN AVENUE SOUTH
CLEARLAKE PLAZA, SUITE 600**
City **WEST PALM BEACH FL** Zip Code **33401**

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.

SIGNATURE **SCOTT STOLOFF** (NOTE: Registered Agent signature required when reinstating) DATE **6/1/00**

FILE NOW FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYDNEY SPERBER 5196 BROOKVIEW DR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHAEL SHORE 5214 BROOKVIEW DR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IVAN ECHELSON 11500 EL CLAIR RANCH RD. BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARJORIE PETERMAN 11500 EL CLAIR RANCH RD. BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEC REGGY FRANKLIN 11077 INDIAN CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUD SLOAN 11075 SPRINGBROOK CR. BOYNTON Bch, FL 33437 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GENE MARCUS 5367 BROOKVIEW DR BOYNTON Bch, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERT RADNER 5304 BROOKVIEW DR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003357965-2 -08/15/00--01061--005 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 517, 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 **[Signature]** DATE **7/23/00** City/State Phone # **(561) 733-1200**

CR2E037 (9/99)