

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N92000000735

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: BROOKSIDE AT INDIAN SPRINGS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O MANAGEMENT SERVICES OF AMERICA, INC
639 E OCEAN AVE, STE. 204
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

639 E. OCEAN AV.
204
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 65-0406361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST.JOHN, DICKER, CAPLAN, KRIVOK & CORE PA
500 AUSTRALIAN AVENUE SOUTH
CLEARLAKE PLAZA, SUITE 600
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

DICKER, KRIVOK & STOLOFF P.A.
1818 AUSTRALIAN AVE SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 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: SCOTT STOLOFF

04/28/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RADNER, ROBERT
Address: 5304 BROOK VIEW DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPD () Delete
Name: SOBELSON, RON
Address: 5303 BROOKVIEW DR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPD () Delete
Name: HESNEKOF, HEL
Address: 11081 SPRINGBROOK CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: PANITCH, JACK
Address: 5333 BROOKVIEW DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: COHEN, JEROME
Address: 5213 BROOKVIEW DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: MESNEKOFF, MEL
Address: 11081 SPRINGBROOK CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

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 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 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: ROBERT RADNER

P

04/28/2002

Electronic Signature of Signing Officer or Director

Date