


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90385 004 ****61.25

DOCUMENT # N92000000735					
1. Entity Name BROOKSIDE AT INDIAN SPRINGS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 5995 BANNICK TERRACE BOYNTON BEACH, FL 33437 US			Mailing Address 5995 BANNICK TERRACE BOYNTON BEACH, FL 33437 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03172006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 65-0406361	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'CONNELL, EDWARD CRYSTAL COMMUNITY MANAGEMENT, INC 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <i>Edward O'Connell</i>				DATE <i>4/24/2006</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when renewing)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADNER, ROBERT		NAME	Wasserman, Wendy	
STREET ADDRESS	5304 BROOK VIEW DR		STREET ADDRESS	5207 Brookview Drive	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, JEROME		NAME	Rubin, Stanley	
STREET ADDRESS	5213 BROOKVIEW DRIVE		STREET ADDRESS	5379 Brookview Drive	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESNEKOFF, MEL		NAME	Smith, Gale	
STREET ADDRESS	11081 SPRINGBROOK CIR.		STREET ADDRESS	5202 Brookview Drive	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LES, SCHLOM		NAME	Hittner, Renee	
STREET ADDRESS	5237 BROOKVIEW DR		STREET ADDRESS	5201 Brookview Drive	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOBELSON, RON		NAME	Keimach, Louis	
STREET ADDRESS	5303 BROOKVIEW DR		STREET ADDRESS	5153 Brookview Drive	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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 lists empowered.					
SIGNATURE: <i>Ron Sobelson</i>				Date <i>4/26/06 (561) 734-8005</i>	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	