## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N92000000735

FILED Apr 27, 2007 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:		
	NICK TERRAC BEACH, FL 3				DOW CREEK VI RTH, FL 33463	LLAGE CIRCLE US
Current Mailing Address:				New Mailing Address:		
	NCK TERRAC BEACH, FL 3	·		PO BOX 54 LAKE WO	41058 RTH, FL 33454	US
FEI Number:	65-0406361	FEI Number Applied	For ( ) FEI Nu	mber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered	Agent:	Name and	Address of Ne	w Registered Agent:
O'CONNELL, EDWARD CRYSTAL COMMUNITY MANAGEMENT, INC 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437 US				THE RAM REALTY GROUP, INC. 6352 SHADOW CREEK VILLAGE CIRCLE LAKE WORTH, FL 33463 US		
The above in the State		submits this statemer	nt for the purpose o	of changing i	ts registered offi	ce or registered agent, or botl
SIGNATURE: KENNETH FORMAN						04/27/2007
	Electron	ic Signature of Regis	stered Agent			Date
OFFICERS	AND DIRECT	TORS:		ADDITION	IS/CHANGES T	O OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	PD () WASSERMAN, N 5207 BROOKVII BOYNTON BEAG	EW DR		Title: Name: Address: City-St-Zip:	()C	hange ( ) Addition
Title: Name: Address: City-St-Zip:	VPD () RUBIN, STANLE 5379 BROOKVII BOYNTON BEAG	EW DR		Title: Name: Address: City-St-Zip:	VP2D (X) C SMITH, GALE 5202 BROOKVIEV BOYNTON BEACH	
Title: Name: Address: City-St-Zip:	VPD () SMITH, GALE 5202 BROOLVIE BOYNTON BEAG			Title: Name: Address: City-St-Zip:	VP1D (X) C TEMIN, SAMUEL 5297 BROOKVIEN BOYNTON BEACH	
Title: Name: Address: City-St-Zip:	TD () HITTNER, RENE 5201 BROOKVII BOYNTON BEAG	EW DR		Title: Name: Address: City-St-Zip:	SD/T (X) C MANNONE, MARY 5267 BROOKVIEV BOYNTON BEACH	W DRIVE
Title: Name: Address: City-St-Zip:	TD () KEIMACH, LOUI 5153 BROOKVII BOYNTON BEAG	EW DR		Title: Name: Address: City-St-Zip:	()C	hange()Addition

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: KENNETH FORMAN RA 04/27/2007