## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 12, 2008 8:00 am Secretary of State 03-12-2008 90032 005 \*\*\*\*61.25

DOCUMENT # N9200000735  1. Entity Name BROOKSIDE AT INDIAN SPRINGS HOMEOWNER'S ASSOCIATION, INC.											
Principal Place of Business 6352 SHADOW CREEK VILLAGE CIRCLE LAKE WORTH, FL 33463 US PO BOX 541058 LAKE WORTH, FL 33454						1 10000001 010 10000	# <b>1</b>    <b>18</b> 1   <b>18</b> 1   <b>19</b> 1	I abid abid besi	<b>  1   1   1   1   1   1   1   1   1  </b>	IIIFI Bi IBSì	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address	illing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02272008 CI	hg-NP	CR2E037	(12/06)		
City & State			City & State			4. FEI Number 65-040636	51			plied For t Applicable	
Zip	ip Country		Zip	Count	try	Certificate of Status Desired					
Name and Address of Current Registered Agent						7. Name and Add	Iress of New Re	egistered Ag	ent		
THE DAM	DEALTY.	GROUD INC	· •		Name						
THE RAM REALTY GROUP, INC. 6352 SHADOW CREEK VILLAGE CIRCLE LAKE WORTH, FL 33463					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	9	
The above named entity submits this statement for the purpose of changing its registere						FL   `					
	ions of regis	iered agent.					the state of Fior		ninar with,	and accept	
	Signature, typed	d or printed name of registered agent a	and trie it applicable. [NU1]	:: Hegislered A	Agent signature require	id when reinstating)		DATE			
				9. Election Campaign Financing							
	_	e is \$61.25 Way 1, 2008				\$5.00 May Be Added to Fees		ake.check.; ida Departm			
10.	_		Trust Fund C		n, 🗇		\ Flori	ida Departn	nent of St	ate	
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	PD WASSER 5207 BRO	May 1, 2008  OFFICERS AND DIF  RMAN, WENDY  DOKVIEW DR	Trust Fund C	11.  IITLE  NAME	ADORESS	Added to Fees	\ Flori	ida Departm	nent of St	ate	
TITLE NAME STREET ADDRESS	PD WASSER 5207 BRC BOYNTO VP2D SMITH, G 5202 BRC	OFFICERS AND DIFEMAN, WENDY OOKVIEW DR N BEACH, FL 33437	Trust Fund C	11. IITLE NAME STREET CITY-S HITLE NAME	ADDRESS T-ZIP  ADDRESS  ADDRESS	Added to Fees	Flori ES TO OFFICEF  TO OFFICEF	da Departn	CTORS IN	ate 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD WASSER 5207 BRC BOYNTO VP2D SMITH, G 5202 BRC BOYNTO VP1D TEMIN, S 5297 BRC	OFFICERS AND DIFERMAN, WENDY DOKVIEW DR IN BEACH, FL 33437  BALE DOKVIEW DRIVE IN BEACH, FL 33437	Trust Fund C	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME	ADORESS T-ZIP  ADDRESS 5-ZIP  ADDRESS ADORESS	Added to Fees  ADDITIONS/CHANG  OVP  RADNER, ROBER	Flori ES TO OFFICER  - TT V DRIVE	da Departir RS AND DIRE [	CTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD WASSER 5207 BRC BOYNTO VP2D SMITH, G 5202 BRC BOYNTO VP1D TEMIN, S 5297 BRC BOYNTO SD/T MANNON 5267 BRC	OFFICERS AND DIFERMAN, WENDY DOKVIEW DR IN BEACH, FL 33437  SALE DOKVIEW DRIVE IN BEACH, FL 33437	Trust Fund C	11. ITTLE NAME STREET CITY-S ITTLE NAME STREET CITY-S ITTLE NAME STREET CITY-S ITTLE NAME STREET CITY-S ITTLE NAME STREET NAME STREET CITY-S ITTLE NAME NAME	ADORESS T-ZIP  ADDRESS 5 1-ZIP  ADDRESS 1-ZIP  ADDRESS ADORESS	Added to Fees  ADDITIONS/CHANG  OVP  RADNER, ROBER	FIORING STATE OF THE STATE OF T	da Departir RS AND DIRE [	CTORS IN Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	PD WASSER 5207 BRC BOYNTO VP2D SMITH, G 5202 BRC BOYNTO VP1D TEMIN, S 5297 BRC BOYNTO SD/T MANNON .5267 BRC BOYNTO TD KEIMACL 5153 BRC	OFFICERS AND DIF	Trust Fund C	11. ITTLE NAME STREET CITY-S ITTLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET	ADORESS T-ZIP  ADDRESS 5 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 4 ADDRESS 4 ADDRESS 4 ADDRESS	Added to Fees  ADDITIONS/CHANG  DVP  RADNER, ROBER 5304 BROOKVIEV BOYNTON BEACL  DS  BURSTEIN, PA 5159 BROOKVI	FIORING STATE OF THE STATE OF T	da Departir RS AND DIRE [	CTORS IN Change Change Change	Addition  Addition	
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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 out; 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 applicas, with all other like empowered. LOV ITEIMACH\_3

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 201.962,27192 Daytime Phone #